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FOOD STAMP

MANUAL

The Commonwealth of Massachusetts



Department of Public Welfare

COMMONWEALTH OF MASSACHUSETTS

CODE OF MASSACHUSETTS REGULATIONS

TITLE 106

DEPARTMENT OF PUBLIC WELFARE

FOOD STAMP MANUAL

CHAPTERS 360 - 369

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FOOD STAMP PROGRAM
GENERAL PROVISIONS

Chapter 360

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360.010: Purpose

The purpose of the Food Stamp Program is to raise the nutritional level among low income households whose limited food purchasing power contributes to hunger and malnutrition among such households. The determination of eligibility and benefit level for applicant households is the certification process. The purpose of this handbook is to provide Department staff with the policy and procedures necessary to accomplish the certification of eligible households.

360.020: Authority

The authority for the policies contained in this manual is the Food Stamp Act of 1977 and the resulting regulations promulgated by the United States Department of Agriculture (USDA) in Chapter 7 of the Code of Federal Regulations, Parts 270 through 282 to implement the law.

360.030: Definitions

Unless otherwise specified, month shall be defined as a cyclical month determined by the last digit of the Social Security number of the head of household.

360.100: Uses of Food Coupons

Food coupons or stamps are designed for use by participants to purchase eligible foods, including seeds and plants, for home consumption and use. Other persons may be designated by the household to perform the purchasing function. Households are not required to have cooking facilities or access to cooking facilities to participate in the Food Stamp Program.

360.120: Special Uses of Food Coupons

Although food coupons were originally intended for use by eligible households to purchase foods for home consumption, certain households have been authorized to use their coupons to obtain prepared meals or to facilitate their obtaining food. These authorized special uses for food coupons are:

(A) Communal Dining(1) Eligible Household Members

Eligible household members 60 years of age or over, or Supplemental Security Income (SSI) recipients and their spouses may use the coupons issued to them to purchase meals prepared especially for them at communal dining facilities authorized by the Food and Nutrition Service (FNS) for that purpose and at restaurants that are authorized by FNS to offer nutritious meals to such individuals at reduced prices.

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A communal dining facility means a public or nonprofit private establishment, approved by FNS, that prepares and serves meals for elderly persons, or for SSI recipients and their spouses, a public or private nonprofit establishment (eating or otherwise) that feeds elderly persons or SSI recipients and their spouses, and restaurants that are authorized by FNS to offer nutritious meals to such individuals at reduced prices. These facilities include senior citizen centers, apartment buildings occupied primarily by elderly persons and SSI recipients and their spouses, and federally subsidized housing for the elderly at which meals are prepared for and served to the residents.

(B) Meals on Wheels(1) Eligible Household Members

Eligible household members 60 years of age or over or members who are housebound, feeble, physically handicapped or otherwise disabled to the extent that they are unable to adequately prepare all their meals, and their spouses, may use all or part of the coupons issued to them to purchase meals from a nonprofit meal delivery service authorized by USDA.

(2) Types of Services

Meal delivery service may be provided by a political subdivision, a private nonprofit organization, or a private establishment with which a State or local agency has contracted and which is authorized by USDA.

(C) Residents of Drug or Alcohol Treatment and Rehabilitation Centers

Members of eligible households who are narcotic addicts or alcoholics and who regularly participate in a drug or alcoholic treatment and rehabilitation program may use coupons to purchase food provided for them during the course of such programs by an organization or institution meeting the requirements of 106 CMR 365.610, if one of the following is true:

1. the organization or institution is authorized by USDA to redeem the coupons through wholesalers; or
2. the organization or institution redeems coupons at retail food stores as the authorized representative of participating households.

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Eligible residents of group living arrangement facilities who are blind or disabled recipients of benefits under Title I, II, X, XIV, XVI, or XIX of the Social Security Act, acting on their own behalf, may use coupons issued to them to purchase meals prepared and served at the facility especially for them, if the facility is authorized by USDA to redeem the coupons through wholesalers, or if the facility redeems coupons at retail stores as the authorized representative of participating households.

(E) Residents of Shelters for Battered Women and Their Children

Residents of shelters for battered women and their children, as defined in 106 CMR 365.550, may use their coupons to purchase meals prepared by the shelter if the shelter is authorized by USDA to redeem the coupons through wholesalers or if the shelter redeems coupons at retail food stores as the authorized representative of participating households.

(F) Homeless Households

Eligible households not residing in permanent dwellings and eligible households with no fixed mailing addresses may use all or part of the coupons issued to them for meals prepared and served by a public or private nonprofit establishment (homeless meal provider, e.g., soup kitchen, temporary shelter) approved by an appropriate state or local agency to feed homeless individuals and authorized by the Food and Nutrition Service as a retail food outlet.

Homeless households may also use coupons issued to them to purchase meals from restaurants that are authorized by the Food and Nutrition Service to offer nutritious meals to such individuals at reduced prices.

360.200: Nondiscrimination

There shall be no discrimination against any applicant or recipient in the administration of the Food Stamp Program for reasons of age, race, color, sex, handicap, religious creed, national origin, or political beliefs. These administrative activities include the certification of households, the issuance of coupons, the conduct of fair hearings or the conduct of any other Food Stamp Program service. For further information about the regulations and the Department's grievance procedures for resolving discrimination complaints, contact the Affirmative Action Officer, Department of Public Welfare, 600 Washington Street, Boston, MA 02111.

360.210: Verbal Complaints

In the event an individual verbally alleges that a discriminatory act has been committed, but the individual refuses or is reluctant to put it in writing, the worker receiving the complaint shall do so. Each discrimination complaint should contain the following information:

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- (A) Name, address and telephone number or other means of contacting the complainant:
- (B) Location and name of the organization or office which is accused of discriminatory practices:
- (C) The nature of the incident or action or the aspect of program administration that led the complainant to allege discrimination:
- (D) The reason for the alleged discrimination (age, race, color, sex, handicap, religious creed, national origin or political beliefs):
- (E) Names, titles and addresses of persons who may have knowledge of the discriminatory acts: and
- (F) The date or dates on which the alleged discriminatory actions occurred.

The worker shall promptly forward these complaints to the Office of Assistance Payments, 600 Washington Street, Boston 02111. Complaints will be accepted even if all the information is not provided, but persons who file complaints should be encouraged to provide the information to facilitate investigation. Investigations will be conducted only if the information in A through D above is provided.

360.220: Written Complaints

Any person who believes s/he has been subject to discrimination may file a written complaint with the Secretary of Agriculture or with the Administrator of the Food and Nutrition Service, Washington, D.C. 20250. Written complaints should contain the information described in Section 210. A complaint must be filed no later than 180 days from the date of the alleged discrimination. However, the time for filing may be extended by the secretary. The worker shall accept all complaints of discrimination, and forward them promptly to the Office of Assistance Payments, 600 Washington Street, Boston, 02111.

360.230: Public Notification

All offices of the Department shall prominently display the non-discrimination poster provided by the Department.

360.240: Racial - Ethnic Data Collection

The Department shall obtain data on households by racial ethnic category. The Racial/Ethnic categories are : American Indian or

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Alaskan Native, Asian or Pacific Islander, black (not of Hispanic origin), Hispanic and white (not of Hispanic origin).

Applicants shall be asked to identify voluntarily their race or ethnicity on the application form. When the information is not voluntarily provided on the application form, alternative methods of gathering the data, such as observation during the interview, will be employed.

360.300: Contents of the Case Record

The contents of the case record serve as documentation of the household's initial and continuing eligibility. The case record shall include applications for certification or recertification (including any required Department forms); worksheets used in the computation of income for eligibility and the basis of issuance; documentation including verification techniques used by the worker; copies of forms sent to the issuance unit authorizing or changing participation or basis of issuance; copies of notices of adverse action and other notices sent to the client and responses thereto; and actions related to the fair hearing process.

360.400: Disclosure of Confidential Information

The use or disclosure of information obtained from applicant households shall be restricted.

(A) Disclosure of Information to Recipients. If there is a written request by a responsible member of the household, its currently authorized representative or a person acting in its behalf to review materials contained in its case file, the material and information contained in the case file shall be made available for inspection in the presence of a Department employee during normal business hours. However, the Department may withhold confidential information, such as the names of individuals who have disclosed information about the household without the household's knowledge or the nature of status of pending criminal prosecutions.

(B) Disclosure of Information to All Others. The Department shall restrict the use or disclosure of information obtained from applicant households to persons directly connected with the administration or enforcement of the Food Stamp Act or regulations and persons directly connected with the administration or enforcement of other federally aided assistance programs and the General Relief Program.

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GENERAL PROVISIONS360.500: Availability of Food Stamp Program Information

The Central Office of the Department of Public Welfare and the national and regional offices of the Food and Nutrition Service (FNS) of USDA shall make available upon request for examination by members of the public during office hours the following documents: FNS regulations, notices and policy memos; and the State Plans of Operation, Food Stamp Policy Manual and Food Stamp Procedural Memos.

Each local office shall make available upon request for examination by members of the public during regular office hours the Food Stamp Policy Manual and Food Stamp Procedural Memos.

360.600: Quality Control

The Department maintains a quality control system to monitor the administration of the Food Stamp Program and ensure that determinations of eligibility and benefit level are made in accordance with Food Stamp Program policy. The Department must take corrective action to reduce the incidence of errors which are found and documented by Quality Control. Any household that refuses to cooperate (see 106 CMR 361.400) in furnishing information for Quality Control purposes shall be determined ineligible for the Food Stamp Program. Once denied or terminated, the household shall remain ineligible until it does cooperate.

360.700: Use of Social Security Numbers

The Department shall require households participating in the Food Stamp Program or applying for participation in the Food Stamp Program to verify a social security number (SSN) for every household member in accordance with 106 CMR 362.500. The Department shall explain to applicants and recipients that refusal to verify an SSN without good cause for not meeting this requirement, as specified in 106 CMR 362.500(C), will result in disqualification of the individual for whom an SSN is not verified.

The Department will use the SSN to prevent duplicate participation, to facilitate mass changes in benefits and to determine the accuracy of the information given by the household. The household shall be informed at the time of application and the time of recertification on a form prescribed by the Department that the Department will regularly use the SSN to obtain and use wage and benefit information from other sources for purposes of verifying eligibility for the Food Stamp Program and the amount of Food Stamp benefits. These sources include banks and other financial institutions, the Department of Employment and Training, the Registry of Motor Vehicles, the Bureau of Vital Statistics, Veterans' Services, the Department of Revenue, the Bureau of Special Investigations, the Internal Revenue Service, the Social Security Administration and other programs administered by the Department of Public Welfare.

The Department need not obtain the prior approval of the applicant or recipient to acquire and use information from banks or government sources to verify eligibility.

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NONFINANCIAL ELIGIBILITY STANDARDS362.500: Social Security Numbers(A) Requirements

A household not receiving expedited service must meet the social security number (SSN) requirement of verifying an SSN for each member prior to initial certification unless good cause for failure to verify an SSN exists, in accordance with 106 CMR 362.500(D). A household receiving expedited service in accordance with 106 CMR 365.800 et seq. must meet the SSN requirement prior to the first full month of participation, unless good cause for not meeting the SSN requirement is established in accordance with 106 CMR 362.500(D). The application for an SSN must be verified prior to initial certification; however, the receipt of the SSN does not have to be verified prior to initial certification.

The Department shall also verify the SSN of each household member by performing a computer match with the Social Security Administration (SSA). SSA sources that verify the SSN include, but are not limited to, BENDEX Title II and Title XVIII data, Numident, State Data Exchange information and the enumeration process.

- (1) Verification of an SSN or application for an SSN shall be by:
 - (a) each household member's Social Security card;
 - (b) verification from SSA that he or she has applied for an SSN or applied to have an already-existing SSN validated; or
 - (c) a copy of an SSN verified for another Department program.
- (2) Any household member who is unable to verify an SSN, or for whom more than one SSN is verified, must provide verification from the SSA, in accordance with 106 CMR 362.500(B)(2), stating that he or she has applied:
 - (a) for a number; or
 - (b) to have an already-existing number validated.
- (3) Assistance may not be denied, delayed or decreased pending the issuance or verification of a social security number if the applicant or recipient has complied with the requirements specified in 106 CMR 362.500(A) and/or (B).
- (4) Each household member not meeting the SSN requirements without good cause shall be considered a disqualified nonhousehold member in accordance with 106 CMR 365.520. An otherwise eligible nonhousehold member disqualified for failing to meet the SSN requirements becomes eligible upon meeting the requirements.

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NONFINANCIAL ELIGIBILITY STANDARDS(B) Verification Requirements and Acceptable Verifications(1) Requirements

The worker shall refer the applicant or recipient to the nearest SSA office when the household member cannot verify the necessary SSN(s) because:

- (a) it has never been assigned;
- (b) the household member has no verification of the social security number;
- (c) it is necessary to validate an already-existing number when two or more numbers are submitted for a person,

A household member who cannot verify an SSN for any of the above reasons must obtain verification from the SSA, in accordance with 106 CMR 362.500(B)(2), stating that he or she:

- (d) has applied for an SSN;
- (e) has applied to have an already-existing number validated; or
- (f) has made every effort to supply SSA with the information necessary to apply for an SSN or to apply to have an already-existing number validated.

Upon delivery of such verification to the worker, the household member shall be considered eligible to receive assistance providing that he or she meets all other eligibility requirements.

The worker shall inform the household member that the SSA office may require verification of age, identity and citizenship or alien status. The worker shall provide the household member upon request with any documents existing in the Food Stamp file that provide the verifications necessary to apply for an SSN or to apply to have an already-existing number validated. The worker shall retain a copy of any document(s) given to the applicant or recipient in the case record.

(2) Verifications

Verification that a household member has fulfilled the requirements specified in 106 CMR 362.500(B)(1) shall be provided at the following times:

- (a) at application, when the household member cannot verify the necessary SSN for any of the reasons listed in 106 CMR 362.500(B)(1);
- (b) when there is a match discrepancy, as specified in 106 CMR 362.500(C); or

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- (c) when there is a question as to the validity of the number and/or the identity of the household member.

The signature of an SSA employee on the ENUM-2 form is the preferred verification that a household member has applied for an SSN, has applied to have an already-existing number validated, or has made every effort to supply SSA with the information necessary to apply for an SSN or to apply to have an already-existing number validated. In the absence of the ENUM-2 form, one of the following shall be sufficient:

- (d) form 5028 from SSA;
- (e) form SSA 2853; or
- (f) any other written communication from an SSA office, verifying that the household member has applied for an SSN, has applied to have an already-existing number validated, or has made every effort to supply SSA with the information necessary to apply for an SSN, or to apply to have an already-existing number validated.

(C) Match Discrepancies

When a household member verifies a number that cannot also be verified by computer match with the SSA, in accordance with 106 CMR 362.500(A), the worker shall refer the household member to the nearest SSA office.

A household member whose SSN produces a match discrepancy must obtain verification from the SSA, as specified in 106 CMR 362.500(B)(2), stating that he or she has:

- (1) applied for an SSN;
- (2) applied to have an already-existing number validated; or
- (3) made every effort to supply SSA with the information necessary to apply for an SSN, or to apply to have an already-existing number validated.

Upon delivery of such verification to the worker, the household member shall be considered eligible to receive assistance, provided that he or she meets all other eligibility requirements.

The worker shall inform the household member that the SSA office may require verification of age, identity, and citizenship or alien status. The worker shall provide the household member, upon request, with any documents existing in the Food Stamp file that provide the verifications necessary to apply for an SSN or to apply to have an already-existing number validated. The worker shall retain a copy of any document(s) given to the household member in the case record.

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A household member whose SSN produces a match discrepancy shall only be referred to SSA once to obtain verification that he or she has applied for an SSN or has applied to have an already-existing number validated. Should a second match discrepancy occur after the household member has provided the SSA verifications necessary to rectify the original match discrepancy, it will be assumed that the SSN verified is valid and has been verified for purposes of eligibility, unless the identity of the household member and/or the validity of the SSN become questionable.

(D) Determining Good Cause

Good cause for failure to comply with the requirement to verify an SSN exists when:

- (1) the household provides verification of the application for an SSN, as specified in 106 CMR 362.500(B)(2);
- (2) the household provides verification of application to have an already-existing number validated, as specified in 106 CMR 362.500(B)(2); or
- (3) there is documentary evidence or collateral information that the household has made every effort to supply SSA with the information necessary to apply for an SSN or to apply to have an already-existing number validated.

(E) Right to Know Uses of Social Security Numbers

The applicant or recipient has the right to know how the Department will use his or her SSN and the numbers of all members of the household. At the time the applicant is given the application form and at the time of recertification, he or she will also be given written notice on a form prescribed by the Department explaining the following:

- (1) the purposes for which the numbers are sought;
- (2) that the SSN(s) will be computer cross-checked with SSNs appearing in other personal data files;
- (3) what those files are, whether within the Department, in other governmental agencies or elsewhere; and
- (4) that failure to meet Department requirements for verifying an SSN shall result in denial or termination of benefits, unless good cause for not meeting these requirements exists.

Trans. by S.L. 514

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360.800: Funding

Provision of benefits in the Food Stamp Program is subject to the availability of sufficient appropriations by the United States Congress. In the event that the United States Department of Agriculture (USDA) reduces, suspends, or cancels program benefits, the Department shall administer the Food Stamp Program in conformity with USDA regulations concerning said reduction, suspension, or cancellation, notwithstanding any Department regulations to the contrary.

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361.050: Introduction

The application process begins with a household's request for an application and ends with the Department's decision on eligibility. The process requires actions such as:

- (A) Making applications available;
- (B) Assisting a household to complete its application;
- (C) Interviewing a member of the household or an authorized representative;
- (D) Performing necessary collateral contacts and verifications; and
- (E) Preparing necessary documents to authorize the issuance and use of food stamps for eligible households.

361.080: Prompt Action

Eligible households must be given an opportunity to participate in the Food Stamp Program no later than 30 calendar days following their date of application (Section 361.120). An opportunity to participate means that the household has received its ATP and that an authorized issuing office is open and available for the household to obtain its allotment of stamps. Expedited service shall be provided to households in accordance with Section 365.800 et seq. Benefits must be provided retroactively to the date of application for households which complete the application process within the required time frame and are eligible to receive benefits in the month of application.

361.100: Filing an Application

Households wishing to participate in the Food Stamp Program must submit an identifiable Food Stamp Program application. An identifiable Food Stamp Program application contains the applicant's name and address and is signed by a responsible member of the household or the household's authorized representative. The application may be submitted in person, or by an authorized representative, or by mail.

The application form used by the Department must contain or be accompanied by an insert which contains the following in prominent and boldface lettering:

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- (A) A statement that the information provided by the applicant in connection with the application will be subject to verification by federal, state, and local officials to determine whether such information is factual and that if any material part of such information is incorrect, food stamps may be denied and that the applicant may be subject to criminal prosecution for knowingly providing incorrect information;
- (B) A description of the civil and criminal provisions and penalties for violations of the Food Stamp Act; and
- (C) A statement to be signed by one adult household member that certifies, under penalty of perjury, the truth of the information contained in the application, including the information concerning citizenship and alien status of all household members.

361.110: Where to File

The food stamp application must be filed with the local welfare office that services the city or town in which the household resides.

Households consisting only of SSI applicants or recipients (i.e., pure SSI households) may file a food stamp application at an SSA office. (See 106 CMR 361.190.)

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For households consisting only of SSI applicants or recipients (i.e., pure SSI households) that apply for food stamps at an SSA office, the household's date of application is the date the signed food stamp application is received by the SSA office. The SSA office shall date stamp each application on the date it is received to document the household's date of application.

For all other households, the household's date of application is the date an identifiable food stamp application is received by the appropriate local office. The local office shall date stamp each application on the date it is received to document the household's date of application.

361.130: Household Right to Same Day Filing

Households shall be advised of their right to same day filing of the application. Each office shall post signs that explain the application processing standards and the household's right to same day filing. In addition, the household shall be informed that it does not have to be interviewed before filing its application and that it may file an incomplete application as long as the form contains the applicant's name and address and is signed by a responsible member of the household or the household's authorized representative.

Department staff shall encourage households to file an application form the same day the household or its representative contacts the local office in person or by telephone and expresses an interest in obtaining food stamps. If a household contacts the wrong local office, either in person or by telephone, the office shall give the household the address and telephone number of the appropriate office, and shall offer to forward the household's application to the appropriate office if the household has completed enough information on the application to file. The household shall be informed that its application will not be considered filed and the processing standards shall not begin until the application is received at the appropriate office. If the household has mailed its application to the wrong office, that office shall mail the application to the appropriate office the same day.

361.140: Mailing Applications to Households

If the household has contacted the food stamp office by telephone but does not wish to come to the office to file an application that same day and instead prefers receiving an application through the mail, the office shall mail the application form to the household on the same day the telephone request for food stamp assistance is received. If the household contacts the wrong food stamp office, that office shall mail the household an application the same day and advise the household of the address of the office to which the application must be returned. If a household makes a written request for food stamp assistance, the office shall mail the application form to the household on the same day the written request for food stamp assistance is received.

361.150: Withdrawal of Application

The household may voluntarily withdraw its application at any time prior to the determination of eligibility. The worker shall document in the case file the reason for withdrawal, if given, and that contact was made with the household to confirm the withdrawal. The household shall be advised of its right to reapply at any time subsequent to a withdrawal.

361.160: Handling Applications for PA Households

To facilitate their participation in the Program, households in which all members are applying for cash assistance shall be allowed to apply simultaneously for food stamp benefits. However, the household's food stamp eligibility and benefit level shall be based solely on food stamp eligibility criteria and the household shall be certified in accordance with the Food Stamp Program notice and processing standards even when these standards are different than those of the cash grant program. Special procedures for taking and processing food stamp applications for these households are contained in Sections 365.100 through 365.180.

361.170: Handling Applications for Mixed Households

Households in which some members, but not all, are applicants for or recipients of cash assistance are called mixed households. At the time of application for cash assistance, these households shall be informed of their right to file a separate application for food stamp benefits if they are not already receiving food stamps. Mixed households are classified as NPA households for food stamp purposes.

THEORY OF THE EARTH

The theory of the earth is a branch of geology which deals with the origin and development of the earth and its various parts. It is a science which seeks to explain the processes which have shaped the earth and its features. The theory of the earth is based on the study of the earth's history and its various parts. It is a science which seeks to explain the processes which have shaped the earth and its features. The theory of the earth is based on the study of the earth's history and its various parts. It is a science which seeks to explain the processes which have shaped the earth and its features.

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Each office shall designate an individual(s) to identify households eligible for expedited certification and issuance. The designated individual(s) shall screen applications as they are filed or as individuals come into the office to apply.

361.190: Handling Applications of Pure SSI Households

Households consisting of only SSI applicants or recipients (i.e., pure SSI households) may, if they so choose, apply for food stamps at a Social Security Administration (SSA) office. SSA shall handle applications of pure SSI households that have not applied for food stamps in the preceding 30 days and that do not have food stamp applications pending. SSA shall inform SSI applicants and recipients of the availability of benefits under the Food Stamp Program and the availability of a food stamp application at SSA offices whenever SSI applicants or recipients transact business at an SSA office. An SSA office is not required to accept food stamp applications or to conduct interviews for SSI applicants or recipients who are not members of households in which all members are SSI applicants or recipients. SSA shall refer non-SSI households to the appropriate local office.

SSA shall accept and complete food stamp applications filed at the SSA office by pure SSI households and shall forward them to appropriate local offices within one working day after receipt of the signed applications. On a form attached to the application, SSA will indicate required verifications that are on file at the SSA office. Items verified and on file at the SSA office are considered verified for food stamp purposes. An application shall be considered filed for normal processing standards on the date the identifiable application is received by the SSA office. For expedited service, processing time standards begin the date the appropriate local office receives the application. Food stamp eligibility shall be based solely on food stamp eligibility criteria.

At initial application, pure SSI households that have applied at the SSA office shall not be subject to an additional interview at the local office. The local office worker shall not contact the household to obtain information for certification for food stamps, unless the application is improperly completed, mandatory verification is missing, or the worker determines certain information on the application is questionable. In no event shall the applicant be required to appear at the local office to finalize the eligibility determination.

Pure SSI households are considered categorically eligible for food stamps. See 106 CMR 365.180.

Trans. by S.L. 813

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Page 361.200361.200: Household Concept(A) Household Definition

A food stamp household is defined as:

- an individual who lives alone; or
- individuals who live together and both purchase food and prepare meals together. See (8) below

In certain situations special rules apply that can override the purchase and prepare together rule. These situations are described in (10) through (13) below.

If an individual is listed in this section as well as in Section 361.230, the determination whether the individual can be granted separate household status shall be in accordance with Section 361.200.

A food stamp household may be composed of any of the following individuals or groups of individuals:

(1) An individual living alone is one food stamp household.

(2) Spouse Rule

An individual living with his or her spouse must be in the same food stamp household as the spouse; spouses shall not be granted separate household status. A spouse is an individual legally married to another, or an individual living together with another who hold themselves out to the community as husband and wife by representing themselves as such to relatives, friends, neighbors, or tradespeople.

(3) Parent/Child Rule

A parent(s) living with his or her natural or adopted child(ren) or stepchild(ren) must be in the same food stamp household as the child(ren), unless the conditions of the Elderly-Disabled Rule or the Parent of Minor Child Rule are met.

(4) Sibling Rule

A sibling(s) living with his or her natural, adopted, or half brother(s) or sister(s), or stepbrother(s) or stepsister(s) must be in the same food stamp household as the other sibling(s), unless the conditions of the Elderly-Disabled Rule or the Parent of Minor Child Rule are met.

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(5) Elderly-Disabled Rule

An elderly or disabled parent(s) or an elderly or disabled sibling(s) may be a separate food stamp household from the child(ren) or other sibling(s), if both the following conditions are met:

- a. At least one parent or sibling is elderly or disabled (as defined in Subsection 361.200(B)); and
- b. The elderly or disabled parent(s) or elderly or disabled sibling(s) purchases food separately, or prepares meals separately, or does both separately from the child(ren) or other sibling(s).

This rule also allows the child(ren) or other sibling(s) to be a separate food stamp household, even if the elderly or disabled parent(s) or sibling(s) does not want or is not eligible for food stamps.

(6) Parent of Minor Child Rule

The parent of a minor child(ren) and that parent's minor child(ren) may be a separate food stamp household from his or her parent(s) or sibling(s), if both the following conditions are met:

- a. The parent of a minor child(ren) and that parent's minor child(ren) are living with his or her parent(s) or sibling(s); and
- b. The parent of a minor child(ren) purchases food separately, or prepares meals separately, or does both separately from his or her parent(s) or sibling(s).

This rule also allows the parent(s) or sibling(s) to be a separate food stamp household, even if the parent of a minor child(ren) does not want or is not eligible for food stamps.

For purposes of this subsection, a minor child is the natural or adopted child or stepchild of the parent, is under 18 years of age, and is under the parental control of the parent.

The parent of a minor child(ren) household is assigned a certification period not to exceed six months in accordance with Subsection 364.710(G) (for NPA households) and Section 364.720 (for PA households).

(7) Parental Control Rule

A child under 18 years of age, living with an adult household member (who is not the child's parent, spouse, or sibling) and under the parental control of the adult household member, must be in the same food stamp household as the adult household member, unless one of the following applies:

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- a. the child is receiving foster care, in accordance with Subsection 361.240(F); or
- b. the adult household member is elderly or disabled, in accordance with Subsection 361.200(B), and purchases food separately, or prepares meals separately, or does both separately from the child.

The elderly-disabled exclusion from parental control also allows the elderly or disabled adult household member to be a separate food stamp household, even if the child does not want or is not eligible for food stamps.

Parental control means providing financial support or supervision, or both, to an individual under 18 years of age.

(8) Purchase and/or Prepare Separately Rule

An individual(s), living with others (not listed in (2) through (7)), who purchases food separately from the others, or prepares meals separately from the others, or both, may be a separate food stamp household from the others, with the exception of persons receiving foster care, in accordance with Subsection 361.240(F).

For example, if an applicant household shares its living quarters with another family to save rent, but the two households purchase food separately from each other, or prepare meals separately from each other, or both, each family would be a separate food stamp household (Subsection 361.230(E)).

(9) Purchase and Prepare Together Rule

A group of individuals living together who both purchase food and prepare meals together must be in the same food stamp household, with the exception of persons receiving foster care, in accordance with Subsection 361.240(F).

- (10) A resident of a drug or alcohol treatment center shall be one food stamp household separate from the other residents. (See Sections 365.600 through 365.690.)
- (11) A blind or disabled resident of a group living arrangement (Sections 365.600 through 365.690) who applies through the use of the facility's authorized representative shall be one food stamp household separate from the other residents. But, if blind or disabled residents apply on their own behalf, they must have their household size determined in accordance with the household concept rules as defined in this section.
- (12) A woman, with or without children, residing in a shelter for battered women and their children shall be one food stamp household separate from the other residents. (See Section 365.550.)

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- (13) An individual who is both disabled and 60 years of age or older may be a separate food stamp household when living with others who purchase food and prepare meals for the elderly and disabled individual, if both the following conditions are true:
- (a) The individual is unable to purchase food and prepare meals for himself or herself because he or she suffers from a disability considered permanent under the Social Security Act, or because the individual suffers from a nondisease-related, severe, permanent disability. If such a disability is not obvious to the Department, verification of the disability is required. The verification shall be a statement from a physician that the individual is unable to purchase food and prepare meals because of the disability.
 - (b) The gross income of the others, excluding the individual and the individual's spouse, if applicable, in accordance with 106 CMR 363.220, does not exceed 165% of the net income eligibility standard for a household of the appropriate size. See 106 CMR 364.975 for these eligibility standards. Such income must be verified in accordance with 106 CMR 363.210.

An elderly and disabled individual who meets the two conditions in (13)(a) and (b), and is living with his or her spouse, must be in the same household as the spouse, in accordance with 106 CMR 361.200(A)(2).

(B) An Elderly or Disabled Individual

An elderly or disabled individual is an individual who meets one of the following requirements:

- (1) Is at least 60 years of age by the last day of the month of application.
- (2) Receives or is certified to receive Supplemental Security Income (SSI), or disability or blindness payments under Title II, Retirement, Survivor and Disability Insurance (RSDI) of the Social Security Act.
- (3) Receives disability-related medical assistance under Title XIX of the Social Security Act.
- (4) Receives disability retirement benefits from a governmental agency because of a disability considered permanent under section 221(i) of the Social Security Act.
- (5) Is a veteran with a service-connected or nonservice-connected disability rated or paid as total by the Veterans' Administration (VA) under Title 38 of the United States Code.

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- (6) Is a veteran considered by the VA to be in need of regular aid and attendance or permanently housebound under Title 38 of the United States Code.
- (7) Is a surviving spouse of a veteran and considered by the VA to be in need of regular aid and attendance or permanently housebound or a surviving child of a veteran and considered by the VA to be permanently incapable of self-support under Title 38 of the United States Code.
- (8) Is a surviving spouse or surviving child of a veteran receiving or approved by the VA to receive compensation for a service-connected death or pension benefits for a nonservice-connected death under Title 38 of the United States Code and has a disability considered permanent under section 221(i) of the Social Security Act.
- (9) Receives an annuity payment under: section 2(a)(1)(iv) of the Railroad Retirement Act of 1974 and is determined to be eligible to receive Medicare by the Railroad Retirement Board; or section 2(a)(i)(v) of the Railroad Retirement Act of 1974 and is determined to be disabled based upon the criteria used in determining eligibility for SSI.

The requirements in 106 CMR 361.200(B)(2), (3), (5), (6), (7), and (9) shall be verified in all cases. The requirements in 106 CMR 361.200(B)(4) and (8) regarding a disability considered permanent shall be verified only if such disability is not obvious to the Department. The requirements listed above are verified as follows.

For individuals to be considered disabled under 106 CMR 361.200:

- (a) (B)(2), the household shall provide proof that the disabled individual is receiving or is certified to receive SSI benefits or disability or blindness payments under RSDI.
- (b) (B)(3), the household shall provide proof that the disabled individual is receiving or is certified to receive MA/DA, if the Department is unable to do so.
- (c) (B)(5), the household must present a statement from the Veterans' Administration (VA) that clearly indicates the disabled individual is receiving VA disability benefits for a service-connected or nonservice-connected disability rated as total or paid at the total rate by the VA.
- (d) (B)(6) and (7), proof by the household that the disabled individual is receiving VA disability benefits is sufficient verification of disability.

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- (e) (B)(4) and (8), the Department shall use the Social Security Administration's (SSA) most current list of disabilities considered permanent under the Social Security Act. If it is obvious to the worker that the individual has one of the listed disabilities, the household shall be considered to have verified the disability. If the disability is not obvious to the worker, the household shall verify the disability by providing a statement from a physician or a licensed or certified psychologist certifying that the individual has one of the nonobvious disabilities listed.
- (f) (B)(9), the household shall provide proof that the individual receives a Railroad Retirement disability annuity from the Railroad Retirement Board and has been determined to qualify for Medicare.

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361.220: Head of Household

Primary responsibility for designating the person to be named the head of household rests with the household. The worker may assist in this determination. Generally, the head of household files the application for food stamps. However, if the head of household does not file the application, the spouse or another household member may apply for the household.

For purposes of failure to comply with the requirements for work registration and/or participation in the Food Stamp Employment and Training Program or when a determination of voluntary quit is established, the head of household shall be determined as defined in 106 CMR 362.360(B).

361.230: Nonhousehold Members

In some cases individuals residing with a household cannot be considered household members. Such persons are termed nonhousehold members. Except for disqualified individuals described in 106 CMR 361.230(D), the nonhousehold member's income and resources shall not be considered in determining the household's eligibility and benefit level. Nonhousehold members who are otherwise eligible may participate in the program as separate households. Nonhousehold members include:

(A) Roomers

Roomers are individuals to whom the household furnishes lodging, but not meals, for compensation.

(B) Live-In Attendants

Individuals who reside with a household to provide medical, housekeeping, child care, or other similar personal services to a household member(s).

(C) Students

Persons enrolled in an institution of higher education who are ineligible because they fail to meet the eligibility criteria set forth in 106 CMR 362.400.

(D) Disqualified Individuals

Disqualified individuals are persons who have been disqualified for fraud, as described in 106 CMR 367.550; persons disqualified for failure to comply with a work requirement; persons disqualified for failure to comply with the requirement to provide and verify a social security number as described in 106 CMR 362.500; and persons disqualified because they are ineligible aliens in accordance with 106 CMR 362.220.

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These are individuals, with the exception of parents and children, spouses, or siblings (in accordance with Section 361.200), who share living quarters with the household but who purchase food separately from the household, or prepare meals separately from the household, or both (Subsections 361.200(A)(7) and (8)).

361.240: Ineligible Households(A) Residents of Commercial Boarding Houses

Residents of commercial boarding houses are not eligible to participate in the Food Stamp Program. For Program purposes, a commercial boarding house shall be defined as an establishment that is licensed as a commercial enterprise, and offers meals and lodging for compensation. In cities and towns without licensing requirements, a commercial boarding house shall be defined as a commercial establishment that offers meals and lodging for compensation with the intent of making a profit. The number of boarders residing in a boarding house shall not be used to determine if a boarding house is a commercial enterprise. The household of the owner of a boarding house may participate in the Program as a household separate and apart from the residents of the boarding house, if the owner's household meets all the eligibility requirements for Program participation.

(B) Residents of Institutions

Individuals shall be considered residents of institutions when the institution provides them with the majority of their meals as part of the institution's normal services. A majority of meals is over 50% of three meals daily. Residents of institutions are not eligible for participation in the Program, with the following five exceptions:

- (1) Residents of federally subsidized housing for the elderly built under either Section 202 of the Housing Act of 1959 or Section 236 of the National Housing Act. Eligible residents do not have to be elderly to participate in the Food Stamp Program.

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- (2) Narcotic addicts or alcoholics who for the purposes of regular participation in a drug or alcohol treatment and rehabilitation program reside at a facility or treatment center (see 106 CMR 365.600).
- (3) Blind or disabled residents of a group living arrangement, as defined in 106 CMR 365.620, who receive benefits under Title I, II (RSDI), X, XIV, XVI (SSI), or XIX of the Social Security Act.
- (4) Residents of shelters for battered women and their children as defined in 106 CMR 365.550.
- (5) Residents of public and private nonprofit homeless shelters if otherwise eligible.

(C) SSI Recipients

California and Wisconsin have been designated "cash out" states by the Secretary of Health and Human Services. SSI recipients living in these two states are ineligible to participate in the Food Stamp Program. "Cash out" means that the payments made to SSI recipients in California and Wisconsin have been increased to include the value of the food stamp allotment in the monthly benefit check.

(D) Boarders Who Are Not Residents of Commercial Boarding Houses

If an individual is a boarder as described in this section and in 106 CMR 361.200(A), determining whether the individual must be included in the household shall be done in accordance with the provisions of 106 CMR 361.200(A).

Boarders are defined as individuals or groups of individuals residing with others and paying reasonable compensation to the others for lodging and meals. Individuals who pay less than reasonable compensation are not considered boarders and must be in the household of those providing the lodging and meals. In determining whether the individual is paying reasonable compensation, only the amount paid for meals shall be used, provided that the amount paid for meals is distinguishable from the amount paid for the lodging. Reasonable compensation for meals is one of the following:

- (1) An amount equal to or exceeding the maximum coupon allotment for the appropriate boarder household size, in board arrangements for more than two meals a day.

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- (2) An amount which equals or exceeds two-thirds (2/3) of the maximum coupon allotment for the appropriate boarder household size, in board arrangements for two (2) or fewer meals per day.

Boarders are ineligible to participate independent from the household providing lodging and meals. Boarders may participate as members of the household providing these services, at the request of the providing household.

If the household providing lodging and meals has not requested that its boarders be included in its household, none of the income and resources of the boarders are to be considered available to the household except that the payment of the boarder to the household shall be treated in accordance with Section 365.200.

(E) Strikers

(1) Definition

A striker is an individual involved in a strike or concerted stoppage of work by employees, including a stoppage by reason of the expiration of a collective bargaining agreement, and any concerted slowdown or other concerted interruption of operations by employees.

The following individuals are not considered strikers:

- a. An employee affected by a lockout. A lockout is the closing of a workplace by an employer to resist the demands of employees.
- b. An employee not participating in a strike who is unable to work as a result of striking employees.
- c. An employee who is not part of the bargaining unit on strike and who does not want to cross a picket line due to fear of personal injury or death.
- d. An individual who was, on the day prior to the strike, exempt from the work registration requirements of Section 362.330 on any basis other than Section 362.330(G): Employed Persons.

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A household with a member on strike is ineligible unless all of the following are true:

- a. The household was participating or was eligible to participate on the day prior to the strike.
- b. The household is otherwise currently eligible. The greater of the following two amounts shall be added to the nonstriking members' current income to determine whether the household is currently eligible with regard to income: the striker's monthly income on the day prior to the strike; or the striker's current monthly income.

A household containing a striking member shall not receive an increased allotment as the result of a decrease in the income of the striking member.

Net income shall be determined on the basis of the household's current circumstances in accordance with Section 364.500.

- c. The striker registers for work unless exempt in accordance with Section 362.330.

(F) Foster Care Children and Foster Care Adults

Foster care children and foster care adults are not required to be included in the foster care household's food stamp household. A foster care household provides foster care to foster care children and adults. If foster care children and adults are not included in the household, the following shall apply:

1. No portion of the foster care payments shall be counted in determining the eligibility and benefit level of the foster care household; and
2. Foster care children and adults are ineligible to participate in the Food Stamp Program as a separate food stamp household from the foster care household.

The foster care household has the option of including the foster care children and adults in its food stamp household; however, the foster care payments shall then be counted as unearned income in determining the eligibility and benefit level of the foster care household.

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361.300: Authorized Representatives(A) Definition.

An authorized representative is a person designated by the head of a household, spouse or other responsible household member to act on behalf of the household in applying for Program benefits or obtaining or using the stamps. An organization or institution conducting a drug addiction or alcoholic treatment and rehabilitation center in accordance with Section 365.610; or nonprofit group living arrangement may also serve in this capacity.

(B) Purpose.

An authorized representative is designated to enable a household to participate in the Food Stamp Program when the head of the household, spouse or other household member is unable to make application or obtain coupons or purchase food.

361.310: Authorized Representative to Make Application

When the head of household, spouse or other household member cannot apply for the household, an authorized representative may be designated for that purpose.

(A) Requirements for Appointments

The authorized representative must be:

- (1) Designated in writing by the head of the household, or the spouse, or other responsible household member; and
- (2) An adult who is sufficiently aware of relevant household circumstances to represent the household.

Exception: In the event the only adult member of a household is classified as a non-household member (see Section 361.230), that person may be designated as the authorized representative for the minor household members.

(B) Household Liability

Except as provided in 106 CMR 365.650, the household shall be held liable for any overissuance which results from erroneous information given by the authorized representative. Therefore, it is important that the head of household or spouse or other responsible household member prepare and review the application whenever possible even though the authorized representative will actually be interviewed. If it is determined that a household member collaborated with the authorized representative to commit fraud, the household member is subject to fraud hearing procedures. If a finding of fraud is made at the hearing, the household member would be disqualified and a fraud claim established against the household.

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361.320: Authorized Representative to Obtain Stamps

The designation of an authorized representative shall be made at the time the application is completed and the authorized representative shall be named on the Identification Card. The authorized representative designated to obtain the stamps may be the same individual designated to make an application for the household or may be another person. Even if a household member is able to make application and obtain stamps, the household should be encouraged to name an authorized representative for obtaining stamps in case of illness or other circumstances which may result in the household's inability to obtain stamps.

361.330: Authorized Representative to Purchase Food

The authorized representative may use stamps to purchase food for the household's consumption with the full knowledge and consent of the household. The authorized representative must have the household's ID card when purchasing food.

361.340: Emergency Authorized Representative

The household may designate an emergency authorized representative on the ATP in the event that neither a household member nor the authorized representative is able to obtain stamps.

361.350: Drug Addict/Alcoholic Treatment Centers and Group Living Arrangements as Authorized Representatives

Narcotic addicts or alcoholics who regularly participate in a drug or alcoholic treatment program on a resident basis, and blind or disabled residents of group living arrangements who receive benefits under Title II (RSDI) or Title XVI (SSI) of the Social Security Act may elect to participate in the Food Stamp Program.

(A) Drug Addict/Alcoholic Treatment Centers.

Residents shall apply and be certified for Program participation through the use of an authorized representative who shall be an employee of and designated by the organization or institution that is administering the treatment and rehabilitation program meeting the requirements of Section 365.610. The center shall receive and spend the coupon allotment for food prepared by and/or served to the addict or alcoholic. The organization or institution shall also be responsible for complying with the provisions described in 106 CMR 365.600 through 365.690.

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(B) Group Living Arrangements. Residents shall either apply and be certified through the use of an authorized representative employed and designated by the group living arrangement or apply and be certified on their own behalf or through an authorized representative of their own choice. The group living arrangement shall make the determination whether a resident must apply through the facility's authorized representative, or may apply on his/her own behalf or through the use of an authorized representative of his/her own choice. The determination shall be based on the resident's physical and mental ability to handle his/her own affairs. When acting as the resident's authorized representative, the group living arrangement may either receive and spend the coupon allotment for food prepared by and/or served to the resident, or allow the resident to use all or any portion of the allotment on his/her own behalf. The facility shall be responsible for complying with the provisions described in 106 CMR 365.600 through 365.690. If the group living arrangement has had its status as an authorized representative suspended by the United States Department of Agriculture, residents applying on their own behalf may still participate if otherwise eligible.

361.360: Restrictions on Appointments

(A) Department employees involved in the certification or issuance processes and retailers authorized to accept food stamps may act as

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an authorized representative only with the written approval of the CSAO/WSO Director when (s)he determines that no one else is available to serve.

- (B) Individuals disqualified for fraud shall not act as authorized representatives during the period of disqualification, unless a disqualified individual is the only adult member of the household able to act on its behalf and the worker has determined that no one else is available to serve. The worker shall separately determine whether these individuals are needed to apply on behalf of the household, to obtain stamps, and to use the stamps for food. For example, the household may have an authorized representative to obtain the stamps each month, but not be able to find anyone to purchase food regularly with the stamps. If the worker cannot locate anyone to serve as an authorized representative to purchase food regularly with the stamps, the disqualified member shall be allowed to do so.

361.370: Documentation and Control of Authorized Representatives

The worker shall insure that authorized representatives are properly designated. The name of the authorized representative shall be contained in the household's case file. Limits shall not be placed on the number of households an authorized representative may represent. In the event that a single authorized representative has access to a large number of ATP's or stamps, such as an employer of migrant or seasonal farm workers who is designated as an authorized representative for several households, the worker should exercise caution that:

- (A) The household has freely requested the assistance of the authorized representative;
- (B) The household's circumstances are correctly represented and the household is receiving the correct amount of benefits; and
- (C) The authorized representative is properly using the stamps. Except in cases of drug and alcoholic treatment centers and group homes, the CSAO/WSO may disqualify the authorized representative from participating as an authorized representative for up to one (1) year if the CSAO/WSO has obtained evidence that the authorized representative has misrepresented a household's circumstances and has knowingly provided false information pertaining to the household, or has made improper use of coupons. The CSAO/WSO shall notify the household and the authorized representative in writing thirty (30) days prior to such disqualification. The notice shall include the proposed action; the reason for the proposed action; the household's right to request a fair hearing; the CSAO/WSO telephone number; and the name of the person to contact for additional information.

361.400: Household Refusal to Cooperate

To determine eligibility, the information on the application must be complete and the application signed, the household or its authorized representative must be interviewed, and certain information on the application must be verified. If the household refuses to cooperate with the worker in completing this process, the application shall be denied at the time of refusal.

For a determination of refusal to be made the household must be able to cooperate, but clearly demonstrate that it will not take actions that it can take and that are required to complete the application process. For example, refusal to be interviewed shall result in a denial; failure to keep an appointment for an interview shall not result in a denial. If there is any question as to whether the household has merely failed to cooperate as opposed to refused to cooperate, the household shall not be denied.

The household shall also be determined ineligible if it refuses to cooperate in any subsequent review of its eligibility, including reviews generated by reported changes, recertifications, or as part of a Quality Control review.

Once denied or terminated for refusal to cooperate, the household may reapply but shall not be determined eligible until it cooperates.

361.500: Interviewing Households

At initial certification, an interview shall not be conducted with pure SSI households that have filed an application at an SSA office. (See 106 CMR 361.190.)

All other applicant households, including those submitting applications by mail, shall have a face-to-face interview in the local office unless the office interview requirement is waived as provided in 106 CMR 361.510. The applicant household must be notified when the original interview appointment is scheduled and that it is the household's responsibility to contact the local office to reschedule a missed interview. The interview shall be conducted by the worker prior to initial certification and at all recertifications. The individual interviewed may be the head of household, spouse, other responsible member of the household, or the household's authorized representative. The applicant may bring any person(s) he or she chooses to the interview.

361.510: Waiver of the Office Interview

The following households shall not be required to complete a face-to-face interview in the local office. For these households the interview will be conducted by telephone or by home visit. However, home visits shall be used only if the time of the visit is scheduled in advance with the household. Households who have been certified for 24 months shall have a telephone interview at the end of the 24-month period. (See 106 CMR 366.920.)

361.510

(A) Waiver Granted upon Request

Any household which is unable to appoint an authorized representative and which has no household member able to come into the office because they are sixty-five (65) years of age or older, or are mentally or physically handicapped, shall be granted a waiver of the office interview.

(B) Waiver Granted on Case-by-Case Basis

A waiver of the interview requirement shall be granted on a case-by-case basis to any household which is unable to appoint an authorized representative and which has no household member able to come into the office because of transportation difficulties or similar hardships. Hardship conditions include, but are not limited to: illness; care of a household member; prolonged severe weather; or work hours which preclude an office interview. Mere inconvenience (i.e., it is easier for the applicant to be interviewed by telephone or to have the worker make a home visit than to go to the office) is not sufficient reason to waive the office interview. The worker shall determine if the transportation difficulty or other hardship reported by the household warrants a waiver of the office interview requirement and shall fully document in the case record why a request for a waiver was granted or denied.

361.520: Verification When Office Interview is Waived

Waiver of the office interview does not exempt the household from the verification requirements described in Sections 361.600 through 361.660. However, special procedures may also be used to permit the household to provide verification and thus obtain its benefits in a timely manner. For example, the worker may substitute a collateral contact in instances where documentary evidence would normally be provided.

361.530: Length of Certification When Office Interview is Waived

Waiver of the office interview shall not affect the length of the household's certification period.

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The worker shall schedule face-to-face or out-of-office interviews as promptly as possible to ensure that eligible households are able to obtain food stamps within 30 calendar days following the date the application is filed. If a household fails to appear for the first interview, it is the household's responsibility to contact the local office to reschedule the missed interview. The household may reschedule a missed interview without providing good cause for failing to appear for the first interview.

361.550: Content of Interviews

The interview is an official and confidential discussion of household circumstances with the applicant. The applicant should be made to feel at ease during the interview and the confidentiality of the information provided by the applicant must be protected. The scope of the interview may not extend beyond an examination of household circumstances which directly relate to the determination of household eligibility and benefit level.

The purpose of the interview is to establish to the satisfaction of the worker that the actual facts of the case are consistent with the information on the application or on previous applications and with other information known to the worker concerning household income and circumstances and to establish, subject to subsequent verification, whether or not the household is eligible for food stamp assistance. To accomplish this purpose the worker shall use interview techniques that explore and resolve with the household unclear and incomplete information. Merely reviewing the application for completeness is no substitute for a complete interview.

During the interview the worker shall fully advise the household of its rights and responsibilities, including an explanation of the application processing standards and the household's responsibility to report changes.

At the interview an applying household must report changes related to eligibility which have occurred since the application was filed. Changes listed in 106 CMR 366.110 which occur after the interview but before the date of the notice of eligibility must be reported within 10 days of the date of the notice.

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361.600: Verification

Verification is the use of third-party information or documentation to establish the accuracy of the information provided by the applicant. Sections 361.600 through 361.660 set forth requirements for verification. Application of these requirements to each eligibility factor is discussed in the sections dealing with the particular eligibility factor. (See Section 365.180 for verification factors that are deemed for categorically eligible households.)

361.610: Verification Requirements at Initial Certification(A) Gross Countable Income

The amount of the household's gross countable monthly income, as defined in Section 363.200, shall be verified prior to initial certification. The verification requirements of Section 365.800 et seq. shall be followed for households entitled to expedited service. If all attempts to verify the gross countable income are unsuccessful because a third party has failed to cooperate, the worker shall determine the household's gross countable monthly income based on the best available information.

R Noncountable income shall be verified only if the information provided by the household is questionable (Section 361.620).

(B) Alien Status

Any household member identified as an alien on the application shall verify his or her alien status prior to initial certification in accordance with Section 362.240. The eligibility of aliens is described in Section 362.220.

(C) Utility Expenses

Households must be informed of: (1) the difference between using the standard utility allowance (SUA) or the actual utility expenses and (2) when they may switch between the SUA and the actual utility expenses. Households claiming that actual utility expenses are higher than the standard utility allowance and that using the actual utility expenses would result in an increased benefit level must verify the utility expenses. When the actual utility expenses are not verified in time to meet the 30-day application processing standard, the appropriate standard utility allowance shall be used in determining the household's eligibility and benefit level.

When the actual utility expenses are verified by the household, the household's benefit level shall be recalculated. This recalculation is not considered a change in utility allowance since the household claimed actual expenses at initial certification.

Once the selection of the utility allowance has been made, the household has the right to switch between the use of the actual utility expenses and the standard utility allowance at the following times:

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- (1) at any recertification;
- (2) at one additional time during each 12-month period (the 12-month period begins at the first recertification occurring after policy implementation);

The period between policy implementation and the household's first recertification is considered an interim period during which one switch may also be allowed.

- (3) when the household or a sharing household moves.

(D) Medical Expenses

The amount of allowable medical expenses, including the amount of reimbursement (e.g., by a third-party insurer), shall be verified prior to initial certification if their use would result in a deduction. Other factors related to the medical expenses, such as the type of service provided or the eligibility of the person incurring the cost, shall be verified only if the information provided by the household is questionable (see Section 361.620).

(E) Liquid Assets

The current value of the household's countable liquid assets, as defined in Section 363.100, shall be verified prior to certification.

(F) Social Security Numbers

The social security number (SSN) or the application for an SSN shall be verified in accordance with Subsections 362.500(A) or (B) prior to initial certification.

When a household member does not furnish an SSN which can be verified in accordance with Subsection 362.500(A), and Good Cause for failure to furnish an SSN, as specified in Subsection 362.500(D), does not exist, the household member is ineligible and shall be considered a disqualified nonhousehold member in accordance with Section 365.520.

(G) Identity

The identity of the applicant and any authorized representative applying on behalf of the household shall be verified prior to initial certification. Identity may be verified through documentary evidence that is readily available to the applicant or representative. Examples of acceptable documentary evidence which the applicant may provide include, but are not limited to, a driver's license; a work or school ID; an ID for health benefits or for another assistance or social service program; a voter registration card; wage stubs or a birth certificate. Any

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documents which reasonably establish identity must be accepted, and no requirement for a specific type of document may be imposed. In the absence of documentary evidence, identity shall be verified by collateral contact in accordance with Section 361.640.

(H) Residency

Residency shall be verified prior to initial certification except in unusual cases (such as homeless households, some migrant farm-worker households, or households that have just arrived in the state) where verification of residency cannot reasonably be accomplished. To the extent possible, documents used to verify rent or mortgage payments, utilities, or identity shall be used to verify residency. If such documentation does not verify residency, the Department shall use any documents, collateral contact, or home visits in accordance with Section 361.640 that reasonably establish the applicant's residency. No requirement for a specific type of verification may be imposed, and no durational or fixed residency requirement shall be established. An otherwise eligible household shall not be required to reside in a permanent dwelling or have a fixed mailing address as a condition of eligibility. The worker shall not limit verifications to a single document and must assist the household in obtaining verification, when necessary, as discussed in Section 361.650.

(I) Disability

The disability of a household member, as it pertains to household composition, shall be verified prior to initial certification in accordance with Subsection 361.200(B).

(J) Other Eligibility Factors

All other eligibility factors, financial or nonfinancial, shall be verified prior to initial certification when the information provided by the applicant is questionable and affects the household's eligibility or benefit level. Other eligibility factors include loans, household composition, citizenship, student eligibility, circumstances relative to work registration, and certain deductible expenses.

361.620: Questionable Information

To be considered questionable the information on the application must be inconsistent with statements made by the applicant, inconsistent with other information on the application or previous applications, or inconsistent with other information known or reported to the Department.

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When determining if information is questionable, the worker must review each household's individual circumstances. For example, if a household reports expenses that exceed income, the worker may determine that further verification is required. This circumstance is not, in and of itself, grounds for denial. Instead, the worker must explore with the household how it is managing its finances, whether the household has resources or excluded income and how long the household has managed under these circumstances.

No group shall be required to provide more intensive verification of questionable information due to their race, religion, ethnic background, or national origin, such as, but not limited to, migrant farmworkers, American Indians or Sponsored Aliens.

361.630: Contradictory Information

When information from another source or on the application contradicts statements made by the household, either orally or in writing, the worker must give the household a reasonable opportunity to resolve the discrepancy prior to making an eligibility determination.

361.640: Sources of Verification

Sources of verification include documentary evidence, collateral contacts or home visits. In all cases the source of the verification must be documented in the case record.

(A) Documentary Evidence.

Workers shall use documentary evidence as the primary source of verification for all items except household size which may be verified by collateral contact. Documentary evidence consists of a written confirmation of a household's circumstances. Examples of documentary evidence shall include: wage stubs, SDX data, and utility bills. Although documentary evidence shall be the primary source of verification, acceptable verification shall not be limited to any single type of document and may be obtained through the household or other source. Workers shall use an alternate source of verification such as a collateral contact or home visit when documentary evidence cannot be obtained or is insufficient to make a firm determination of eligibility or benefit level.

When the verification is an original document, a photocopy of the document must be made, if possible. If circumstances prevent the photocopying of a document and a copy is not available, the worker must record the source and date of the document. The household must be permitted to keep the original document.

(B) Collateral Contact

A collateral contact is a verbal confirmation of a household's circumstances by a person outside of the household. The collateral contact may be made either in person or over the telephone. The acceptability of a collateral contact shall not be restricted to a particular individual but may be anyone who can be expected to provide accurate third-party verification of the household's statements. Examples of acceptable collateral contacts are employers, landlords, social service agencies, migrant service agencies, and neighbors of the household. The worker shall rely on the household to provide the name of any collateral contact. The household may request assistance in designating a collateral contact. The worker is responsible for obtaining verification from acceptable collateral contacts and is not required to use a collateral contact designated by the household if it cannot be expected to provide accurate third-party verification. When the collateral contact is unacceptable, the worker shall either ask the household to designate another collateral contact or substitute a home visit.

Note: SDX documents are not considered collateral contacts and therefore need not be designated by the household.

(C) Home Visit

Home visits shall be used as verification only if documentary evidence cannot be obtained or is insufficient to make a determination of eligibility or benefit level, and the visit is scheduled in advance with the household.

361.650: Responsibility for Obtaining Verification

The household has primary responsibility for providing documentary evidence to support its income statements and to resolve any questionable information, provided that nothing in this section shall limit the ability of the Department to verify information from other government agencies or from banks, in accordance with Section 360.700. Households may supply documentary evidence in person, through the mail, or through an authorized representative. The worker shall consider any reasonable documentary evidence provided by the household and shall be primarily concerned with how adequately the verification proves the statements on the application. If it would be difficult or impossible for the household to obtain the documentary evidence in a timely manner, or the household has presented insufficient documentation, the worker shall either offer assistance to the household in obtaining the documentary evidence, except when verification of shelter or utility costs for unoccupied homes would have to be obtained from a source outside the State, or shall use a collateral contact or home visit. The worker shall not require the household to present verification in person at the local office.

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Case records must be documented to support eligibility, ineligibility, and benefit level determinations. The documentation shall be in sufficient detail to permit a Quality Control reviewer to determine the reasonableness and accuracy of the determination. Where verification was required to resolve questionable information, the worker shall document why the information was considered questionable and what documentation was used to resolve the questionable information. The worker shall also document the reason why an alternate source of verification, such as a collateral contact or home visit, was needed and the reason a collateral contact was rejected and an alternate requested.

361.700: Timeliness Standards for Processing

The worker shall determine the household's eligibility as soon as possible after the household or its authorized representative files the application. An application is filed the day the appropriate local office, or in the case of certain SSI households, the date the SSA office, receives an application containing the applicant's name and address, which is signed by either a responsible member of the household or the household's authorized representative (106 CMR 361.120). (See 106 CMR 365.180 for processing standards for categorically eligible households and 106 CMR 365.120 for processing standards for PA households.)

(A) Eligible Households

Households that are found to be eligible must be provided an opportunity to participate within 30 calendar days following the date of application. An opportunity to participate consists of providing households with an ATP, and having an issuance facility available for the household to obtain its allotment. The Department must mail the ATP at least two days in advance of the 30th day and assure that the ATP can be transacted after it is received, but before the 30-day processing standard expires.

When this timeliness standard is met and the household is eligible for benefits in the month of application, benefits must be provided retroactive to the date of application.

- (B) Households that are found to be ineligible shall be sent a Notice of Denial as soon as possible, but not later than 30 days following the date the application was filed. In the two situations described below, the application shall be denied on the 30th day. When an application is denied, the household must file a new application if it wishes to participate in the program.

- (1) The household fails to appear for one scheduled interview and makes no subsequent contact with the local office to reschedule the missed interview.

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- (2) The worker interviews the household and requests all necessary verification on the same day the application is filed, makes no additional requests for verification, assists the household in obtaining the verification as required in 106 CMR 361.650 and the household fails to provide the verification by the 30th day of the application process.

361.800: Expedited Processing

Applicant households identified in the application screening process as eligible for expedited service shall be provided expedited service in accordance with 106 CMR 365.800 et seq.

361.900: Delays in Processing

If an eligible household is not provided an opportunity to participate within 30 days or an ineligible household is not denied within 30 days, the worker must determine the cause of the delay. In the sections below, the word "fault" is used as an administrative term to establish the household's entitlement to retroactive benefits.

361.910: Household Caused Delay

A delay is considered the fault of the household if the household has failed to complete the application process even though the worker has taken all the action required to assist the household. The worker must have taken the actions in 106 CMR 361.920 before a delay can be considered the fault of the household.

361.920: Department Caused Delay

A delay shall be considered the fault of the Department if the household has met all its obligations in a timely manner, but the worker has failed to complete the application process in the appropriate time frames, or when the worker has failed to take the following actions:

- (A) For households that have failed to complete the application form, the worker must have offered or attempted to offer the household help in completing it.

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- (B) If one or more members of the household have failed to register for work (see 106 CMR 362.300 through 362.340), the worker must inform the household of the need to register for work and give the household at least 10 days from the date of notification to register these members.
- (C) In cases where verification is incomplete, the worker must have provided assistance when required in 106 CMR 361.650 and allowed the household sufficient time to provide the missing verification. Assistance includes informing the household of all the verifications required as well as the alternative forms of verification accepted and assisting the household in obtaining these verifications. Sufficient time is at least 10 days from the date of the initial request for the particular verification that was missing.
- (D) For households that have failed to appear for the first interview but have contacted the worker to reschedule the missed interview, the worker must have attempted to reschedule the initial interview within 30 calendar days following the date the application was filed. However, if the household has failed to appear for the first interview and a subsequent interview is postponed at the household's request or cannot otherwise be rescheduled until after the 20th day but before the 30th day following the date the application was filed, the household must appear for the interview, bring verification, and register members for work by the 30th day; otherwise, the delay shall be the fault of the household. If the household failed to appear for the first interview and a subsequent interview is postponed at the household's request until after the 30th day following the date the application was filed, the delay shall be the fault of the household. If the household has missed both scheduled interviews and requests another interview, any delay shall be the fault of the household.

361.930: Notification of Pending Status

If the worker cannot make an eligibility determination within 30 calendar days as specified in 106 CMR 361.700, he or she shall send the household a Notice of Pending on the 30th day. The Notice of Pending will inform the household that its application has not been completed and is being processed. If some action by the worker is needed to complete the application process, he or she shall take immediate corrective action.

If some action by the household is needed to complete the application process, the notice shall also explain what action the household must take and that its application will be denied if the required action is not taken within 60 calendar days following the date the application was filed. If the pending status is the result of lack of verifications needed to make a determination of eligibility, the written notice must also contain a statement advising the household of the missing verification(s) and to contact the worker for assistance. The worker shall inform the household of the alternative verifications that are acceptable and the time frame for submitting the verifications. No further action is required by the worker after the Notice of Pending is sent if the household fails to take the required action within 60 calendar days following the date the application was filed.

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If the delay in the first 30-day period is considered Department fault and the household was eligible for the month of application, benefits are provided retroactively to the date of application. If the delay in the first 30-day period is considered household fault, benefits are provided beginning with the month in which the household completes the application process.

361.950: Notice of Denial to Ineligible Households

If the household is found ineligible during the second 30-day period, the worker shall send a Notice of Denial to the household. If the denial is a result of lack of verification(s) needed to make a determination of eligibility, the written notice shall inform the household of their right to reapply at any time and shall also contain a statement advising the household of the missing verification(s) and to contact the worker for assistance.

361.960: Delays Beyond 60 Days

If an eligibility determination is not made by the 60th day following the date the application was filed, the worker must ensure that the application process is completed.

(A) Case Information and Verification Complete

In these circumstances the household has met all its obligations. The worker must continue to process the application until the household is found eligible or ineligible:

- (1) Retroactive benefits are provided to eligible households in accordance with the provisions of 106 CMR 361.940.
- (2) If the household is found ineligible, the worker must send a Notice of Denial to the household.

(B) Case Information or Verification Incomplete - Department Fault

When the case information or verification is incomplete and the Department is at fault at the end of the second 30-day period, the worker must continue to process the application until the household is found eligible or ineligible.

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- (1) Retroactive benefits are provided to eligible households in accordance with the provisions of Section 361.940, above.
- (2) If the household is found ineligible, the worker must send a Notice of Denial to the household.

(C) Case Information or Verification Incomplete - Household Fault

When the case information or verification is incomplete and the household is at fault at the end of the second thirty (30) day period the application is denied.

- (1) If the household is also at fault for the delay in the first 30 day period, the application is denied with no further notice to the household.
- (2) If the Department is at fault for the delay in the first 30-day period, the worker must send a Notice of Denial to the household. In these cases the household is not entitled to Lost Benefits for the first 30-day period.

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FOOD STAMP PROGRAM
NONFINANCIAL ELIGIBILITY STANDARDS362.050: Introduction

This chapter describes the nonfinancial eligibility standards that must be met by food stamp applicants and recipients. Nonfinancial eligibility standards are residency, citizenship and alien status, student eligibility, and work registration. These eligibility standards must be met by all household members prior to the determination of a household's financial eligibility.

362.100: Residency

A household must be living in the area covered by the certification office in which it files an application. In any month no individual may participate as a member of more than one household nor may any household participate in more than one state. The only individuals exempt from these dual participation restrictions are certain residents of shelters for battered women and their children as defined in Section 365.550. There is no durational residency or fixed residency requirement. For example, migrant campsites satisfy the residency requirement. Residency does not require an intent to permanently reside in the area. However, individuals in an area solely for vacation purposes shall not be considered residents. An otherwise eligible household shall not be required to reside in a permanent dwelling or have a fixed mailing address as a condition of eligibility.

362.110: Reporting Residency

The application contains spaces for both a physical address and a mailing address. If the two are different, the worker should request both addresses be given. A mailing address only, such as a post office box or a rural route, will not be sufficient as it does not indicate that the household resides in the area covered by the certification office. If the address is a rural route, information should be given to identify the exact location of the home.

362.120: Verification of Residency

Residency shall be verified prior to initial certification except in unusual cases (such as homeless households, certain migrant farmworker households, or households that have just arrived in the state) where verification of residency cannot reasonably be accomplished. To the extent possible, documents used to verify rent or mortgage payments, utilities, or identity shall be used to verify residency. If such documentation does not verify residency, the Department shall use any documents, collateral contact, or home visits in accordance with Section 361.640 that reasonably establish the applicant's residency. No requirement for a specific type of verification may be imposed. The worker shall not limit verifications to a single document and must assist the household in obtaining verification, when necessary, as discussed in Section 361.650.

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To be eligible for food stamps an individual must be either:

- (1) A citizen of the United States; or
- (2) An alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law as described in the following sections.

A statement certifying, under penalty of perjury, to the truth of the information contained in the application, including information concerning citizenship and alien status, must be completed in accordance with 106 CMR 361.100(C).

The presence in a household of a member who does not meet the above criteria shall not prevent the remainder of the household from applying for and, if eligible, receiving benefits. The policy for handling households with ineligible aliens is found in 106 CMR 365.520(B).

362.210: U.S. Citizenship

For the purpose of qualifying as a United States citizen, the United States is defined as the 50 states and District of Columbia, Puerto Rico, Guam, and the Virgin Islands. In addition, Nationals from American Samoa or Swain's Island shall be regarded as United States citizens for food stamp purposes.

(A) Verification of Citizenship

Citizenship shall be verified only when the information on the application is inconsistent with statements made by the applicant, other information on the application, or with previous applications or other information known to the worker. For example, verification would be required when a household presented an apparently counterfeit social security card, or when an employment office report states that an individual was denied a job due to lack of U.S. citizenship.

(B) Acceptable Forms of Verification

Acceptable forms of verification of citizenship include:

- (1) birth certificate;
- (2) baptismal record;
- (3) United States passport;
- (4) hospital birth record;
- (5) voter registration;

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- (6) naturalization certificate;
- (7) U.S. Citizen Identity Card
(INS form I-179);
- (8) U.S. Citizen Resident's Card
(INS Form I-197); or
- (9) court records that specifically state the citizenship of the individual.

Participation in the AFDC program shall also be considered acceptable verification if verification of citizenship was obtained for that program. If the above forms of verification cannot be obtained and the household can provide a reasonable explanation as to why verification is not available, the worker shall accept a signed statement from someone who is a U.S. citizen that declares, under penalty of perjury, that the household member in question is a U.S. citizen. The signed statement shall contain a warning of the penalties for helping someone commit fraud.

(C) Participation Pending Verification of U.S. Citizenship

The member whose U.S. citizenship is questionable in accordance with 106 CMR 361.620 shall be ineligible and shall be disqualified on the basis of being an ineligible alien in accordance with 106 CMR 361.230(D).

362.220: Aliens

An individual listed on the application as an alien must verify that he or she is in one of the permanent alien classifications described in 106 CMR 362.230 to be eligible. This verification must be presented prior to certification.

An alien who has presented verification that he or she is a lawful entrant in an ineligible alien status as described in 106 CMR 362.240 is ineligible. The certification of remaining household members shall be in accordance with 106 CMR 362.280.

An alien who has presented verification that he or she is present in the United States in violation of the Immigration and Nationality Act is ineligible. The certification of remaining household members shall be in accordance with 106 CMR 362.280. The Department must report to the local Immigration and Naturalization Service office any alien who has submitted such verification.

An alien who presents no verification of alien status is ineligible. The certification of remaining household members shall be in accordance with 106 CMR 362.280.

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These individuals are aliens lawfully admitted for permanent residence as an immigrant under sections 101(a)(15) and 101(a)(20) of the Immigration and Nationality Act (INA). However, an alien lawfully admitted for permanent residence under section 245 of the INA must be eligible as specified in (G) or (H) of this section.

(B) Permanent Residents Under Color of Law - Continuous Residence

These individuals are aliens who entered the United States prior to January 1, 1972, or some later date as required by law; have continuously maintained residency in the United States since then; are not ineligible for citizenship; and are considered to be lawfully admitted for permanent residency at the discretion of the Attorney General under section 249 of the INA.

(C) Permanent Residents Under Color of Law - Other than Continuous Residence

These individuals are aliens for whom deportation has been withheld by the Attorney General under section 243 of the INA.

(D) Refugees

These individuals are aliens who qualified for entry pursuant to section 207 or 208 of the INA.

(E) Asylees

These individuals are aliens who have been granted asylum through an exercise of discretion by the Attorney General under section 208 of the INA.

(F) Parolees

These individuals are aliens lawfully present in the United States at the discretion of the Attorney General for emergent reasons deemed in the public interest under section 212(d)(5) of the INA, or as a result of a grant of parole by the Attorney General.

(G) Aged, Blind, or Disabled

These individuals are aliens who are defined as aged, blind, or disabled in accordance with section 1614(a)(1) of the Social Security Act and considered to be lawfully admitted for temporary or permanent residence under section 245A(b)(1) of the INA. These aliens may obtain lawful temporary or permanent resident status under section 245(b)(1) of the INA no earlier than November 7, 1988.

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(H) Lawful Temporary Residents

These individuals are aliens who are granted lawful temporary resident status under section 245A of the INA at least five years prior to applying for food stamps and who subsequently gained lawful permanent resident status under section 245A of the INA. These aliens may obtain temporary residence status no earlier than May 5, 1987.

(I) Special Agricultural Workers - Lawful Temporary Residents

These individuals are aliens who are, as of June 1, 1987, or thereafter, special agricultural workers lawfully admitted for temporary residence in accordance with section 210(a) of the INA.

(J) Additional Special Agricultural Workers - Lawful Temporary Residents

These individuals are aliens who are lawfully admitted for temporary residence as additional special agricultural workers as of October 1, 1989 through September 30, 1993 in accordance with section 210(A)(a) of the INA.

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The status of an alien must be verified.

(A) The status of a person lawfully admitted for permanent residence is verified by:

- (1) An "Alien Registration Receipt Card", commonly referred to as a "Green Card" (INS Form I-151 or INS Form I-551 (Blue printing superimposed over a white background));
- (2) A "Re-entry Permit" used for travel purposes by persons who have been issued the INS-I-151 or the INS-I-551;
- (3) An INS Form I-181-B with the following annotation:
"Processed for I-551, Temporary Evidence of Lawful Admission for Permanent Residence";
- (4) Official documentation (including a receipt showing a request for replacement) from INS verifying that the alien has applied for a replacement I-151 or I-551 in the event of loss or theft; or
- (5) Any other official documentation from INS that indicates permanent residence status.

(B) The status of a person permanently residing under color of law can be verified by producing an Arrival Departure Record (Form I-94) with one of the following notations:

- (1) "Refugee-Conditional Entry" (pursuant to Section 203(a) (7) of the Immigration and Nationality Act (INA));
- (2) "Refugee-Paroled" (pursuant to Section 207 (c) of the INA, in effect after March 31, 1980);
- (3) "Paroled-For Indefinite Period" (pursuant to Section 212(d) (5) of the INA (A Form I-94 endorsed to show parole for a specified period is not acceptable with the sole exception of those individuals indicated in (e., f., g., and (3)d. below);
- (4) "Political Asylum Granted" (pursuant to Section 208 of the INA);
- (5) "Cuban/Haitian Entrant (status pending) or the initials "OOE" or the words "Outstanding Order of Exclusion";
- (6) "Citizen of Cuba" either entered in USA or paroled after April 20, 1980; or
- (7) "Citizen of Haiti" granted "Voluntary Departure" status or paroled. (This person must have been in INS proceedings as of June 19, 1980.)

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(C) The status of aliens permanently residing under color of law can also be verified by:

- (1) An "Alien Registration Receipt Card" (INS-I-151), commonly referred to as a "Green Card" or INS Form I-551 (blue printing superimposed over a white background);
- (2) A "Re-entry Permit" used for travel purposes by persons who have been issued the INS-I-151 or the INS-I-551;
- (3) A passport booklet with the following annotation:
"Processed for I-551, Temporary Evidence of Lawful Admission for Permanent Residence";

(D) Additional verifications of the status of a person permanently residing under color of law include but are not limited to the following:

- (1) Documentation from INS (including a receipt showing a request for replacement) verifying that the alien has applied for a replacement I-94 in the event of loss or theft;
- (2) Documentation from INS verifying a grant of indefinite voluntary departure or an indefinite stay of deportation;
- (3) Documentation of continuous residence since January 1, 1972, such as rent receipts, library cards, bank accounts, insurance policies, church membership, or affidavit of a third person; or
- (4) Documentation from INS indicating it is not currently contemplating enforcement of deportation proceedings against the persons listed below:
 - An alien whose nonimmigrant visa has expired;
 - An undocumented alien who has notified INS of his or her presence;
 - An alien who has a pending request with INS for indefinite voluntary departure, deferred action status or stay of deportation;
 - A non-Cuban/Haitian entrant whose I-94 is endorsed to show parole for a specified period;
 - A Cuban/Haitian entrant who entered the USA prior to 10/10/80; or
 - An individual who has filed an application for political asylum that is currently pending with INS or an Immigration Judge.

If the alien cannot provide one of the verifications in (A), (B), (C), or (D) of this section, the provision of Section 362.260

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A person with at least 50 per centum of Indian blood who was born in Canada and who has maintained residence in the United States since his or her entry must be regarded as having been lawfully admitted for permanent residence.

Persons with less than 50 per centum of Indian blood must satisfy the requirements of Section 362.220: Aliens.

(B) Verifications

This status must be verified. Canadian-born Indian status is verified by one of the following:

- (1) A "band card" issued by the band council of a Canadian Indian reserve;
- (2) Birth or baptism records;
- (3) A provincial Union of Indians card (such as a Union of Nova Scotia Indians card); or
- (4) An affidavit from a tribal official or other person knowledgeable about the applicant's or recipient's family ancestry.

362.260: Lawfully Admitted Ineligible Aliens

Lawfully admitted ineligible aliens include: alien visitors, tourists, diplomats, and students who enter the United States temporarily with no intention of abandoning their residence in a foreign country.

An INS Form I-94 annotated with the letters "A" through "L" shall be considered verification that an alien who has been legally admitted to the United States is in an ineligible alien classification unless the alien can provide other documentation from INS that indicates that the alien is eligible.

362.270: Provisions for Certain Aliens who Cannot Verify an Eligible Alien Classification

(A) When aliens described in Section 362.230, subsections (A) through (G), have presented Immigration and Naturalization Service (INS) Form I-94 without the required annotations the following provisions shall apply:

- (1) The Department must inform the alien that classification under Section 203(a)(7), 207, 208, 212(d)(5), or 243(h) of the Immigration and Nationality Act shall result in eligible status and that the alien may be eligible if acceptable verification is obtained.

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- (2) The Department must inform the alien that to be eligible one (1) of the following conditions must be met:

- a. The alien must submit to INS Form G-641, "Application for Verification of Information and Naturalization Service Records."

Form G-641 shall be verification of eligible alien classification if it is annotated by an INS representative that the alien was lawfully admitted for permanent residence or for parole for humanitarian reasons.

- b. The alien must give the Department written consent to contact INS to obtain clarification of the alien's status.

If neither of the above conditions are met, the household shall be given the option of withdrawing its application or participating without the alien.

- (B) When aliens described in Section 362.230 subsections (A) through (G), present no Form I-94 nor any other verification of an eligible alien status the following provisions shall apply:

- (1) The Department shall accept other INS documentation or corroboration that the alien is classified under sections 101(a)(15), 101(a)(20), 203(a)(7), 207, 208, 212(d)(5), 243, or 249 of the Immigration and Nationality Act; or other conclusive evidence such as a court order stating that deportation has been withheld under section 243(h) of the Act.
- (2) The Department shall make no efforts to obtain verification of alien classification when the alien or the household indicates inability or unwillingness to do so.
- (3) The Department has no responsibility to offer to contact INS on the alien's behalf. Written consent of the alien is required for the Department to contact INS.
- (4) If the alien or household requests that the Department contact INS and the Department agrees, written consent of the alien is required from the alien for the Department to do so.

362.280: Certification of Remaining Household Members

An individual who cannot verify that (s)he is an eligible alien in accordance with Section 362.230 shall be considered a disqualified non-household member in accordance with Section 361.230(D) and his or her income and assets are considered available to any remaining household members in accordance with Section 365.500. Should acceptable verification subsequently be received, the worker shall act on the information as a reported change in household membership in accordance with the timeliness standard set forth in Section 366.120.

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NONFINANCIAL ELIGIBILITY STANDARDS362.300: Work Registration

The Food Stamp Act requires every household member, unless specifically exempted in this section, to register for work and to comply with all work registration requirements. The worker shall determine which household members are required to register for work. Compliance with work registration requirements is a prerequisite to certification and cannot be waived. Benefits may not be granted conditionally prior to registration of any household members who are required to register.

362.310: Frequency of Registration

Household members who are required to register must do so at application, once every 12 months after initial registration, and whenever the worker determines a household member must register because of a change in employment status.

362.320: Method of Registration

The worker shall complete the work registration section on a form prescribed by the Department for a household member who is required to register for work. A copy of the form is retained in the case record.

362.330: Exemptions from the Work Registration Requirement

The individuals listed below are exempt from the work registration requirement. In general, exemptions shall be verified only if questionable or inconsistent with other known information. Verification that may be necessary for a particular exemption is noted under that exemption.

(A) Persons Exempt by Age

A person younger than 16 years of age or a person 60 years of age or older is exempt. If a child has his or her 16th birthday within a certification period, the child shall fulfill the work registration requirement at the next scheduled recertification, unless the child qualifies for another exemption. A person of age 16 or 17 who is not a head of household or who is attending school on at least a half-time basis, or who is enrolled in an employment and training program on at least a half-time basis, is also exempt.

(B) Persons Physically or Mentally Unfit

Persons who are physically or mentally unfit for employment, either permanently or temporarily, are exempt. Appropriate verification may consist of:

- (1) receipt of temporary or permanent disability benefits from a government or private source;
- (2) a statement from a physician or licensed or certified psychologist stating that the person is physically or mentally unfit for employment; or

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- (3) participation in a Massachusetts Rehabilitation Commission program or other Massachusetts approved vocational rehabilitation programs.

Persons claiming temporary unfitness for employment shall be required to register once they become physically or mentally fit. Verification of the worker's documentation must appear in the case file to support the granting of this exemption.

(C) Employment and Training (ET) Program Participants

An AFDC recipient who is subject to and complying with ET requirements is exempt. Enrollment for participation in ET by signing a form prescribed by the Department shall be considered equivalent to registration for work under the Food Stamp Program work requirement.

(D) Caretakers

A parent or other household member who is responsible for the care of a dependent child under six or an incapacitated household member is exempt from work registration. If the child has his or her sixth birthday within a certification period, the individual responsible for care of the child shall fulfill the work registration requirement at the next scheduled recertification, unless the individual qualifies for another exemption.

If a parent and another member of the household both claim to be responsible for the care of the same dependent child or incapacitated household member, the actual responsibility shall be determined by discussion with the applicant.

(E) Persons Receiving Unemployment Compensation

Persons receiving Unemployment Compensation benefits are exempt from work registration. A person who has applied for, but has not yet begun to receive, Unemployment Compensation shall also be exempt but only if that person was required to register for work with the Division of Employment Security (DES) as part of the Unemployment Compensation application process.

(F) Addicts and Alcoholics

A regular participant, either on a resident or nonresident basis, in a drug addiction or alcoholic treatment and rehabilitation program is exempt from work registration. Participation, if questionable, may be verified through the organization or institution operating the program.

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(G) Employed Persons

Persons who are employed or self-employed and working a minimum of 30 hours weekly or receiving weekly earnings equal to or greater than the federal minimum wage multiplied by 30 hours are exempt from work registration. The guidelines for determining an applicant's or recipient's eligibility for this exemption are as follows:

- (1) Verification of earned income, as required for certification, is sufficient to establish this exemption provided the amount of income appears to be consistent with a conclusion of employment for 30 hours a week.
- (2) If the income of the employed individual does not meet the preceding test but he or she still claims to be employed, the applicant shall be requested to supply documentary evidence of the existence of an employee-employer relationship and that the number of hours worked is equivalent to 30 hours a week.
- (3) If a self-employed person's income does not meet this test, he or she must establish that the income received from the self-employment enterprise is at least sufficient to be considered gainful employment and that the volume of work claimed justifies a determination that the self-employment enterprise is a full-time job for the purpose of this exemption.
- (4) Persons engaged in hobbies or any other activity that cannot, because of the minimal amount of monies received from such activity, be considered as gainful employment shall not be considered exempt from work registration regardless of the time spent in such activity.

(H) Students

Students enrolled at least half-time in any recognized school, training program, or institution of higher education who have met the conditions of Sections 362.400 and 362.410 are exempt from work registration. Persons who are not enrolled at least half-time or who experience a break in their enrollment status due to graduation, expulsion, suspension, or who drop out or otherwise do not intend to return to school shall not be considered students for the purpose of qualifying for this exemption.

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(I) SSI Applicants

Household members applying for SSI and for food stamps under the provisions of Section 361.190 shall have the work registration requirement waived until:

- (1) they are determined eligible for SSI and thereby become exempt from work registration; or
- (2) they are determined ineligible for SSI. A determination of their work registration status shall then be made in accordance with Section 362.310.

362.335: Department Responsibilities

The Department shall register for work each household member not exempted by the provisions of Section 362.330.

When the Department determines that a household member is required to register for work, the Department shall provide the household member with a written statement explaining the following:

- (A) the work requirements the household member must fulfill;
- (B) the rights and responsibilities of work-registered household members; and
- (C) the consequences of failure to comply.

The Department shall also provide this written notice when a previously exempt household member or new household member becomes subject to a work registration requirement, and at recertification.

All household members who are required to register for work shall be registered in accordance with the provisions of Section 362.320.

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Each household member required to register for employment is also required to comply with the following:

- (1) Report for an interview to the appropriate DES office upon reasonable request.
- (2) Respond to a request from the DES office for supplemental information regarding employment status or availability for work.
- (3) Report to an employer when referred by the DES office if the potential employment meets the suitability requirements in Subsection (B) below.
- (4) Accept a bona fide offer of suitable employment as described in Subsection (B) below when referred by the DES office. A bona fide offer of employment is defined as an offer for a definite position, wage and start date.
- (5) Continue suitable employment found by the DES office. Registrants shall continue this employment until it is no longer considered suitable in accordance with Subsection (B) below, or they are terminated for reasons beyond their control, or they become exempt from work registration under the provisions in Section 362.330.

(B) Definition of Suitable Employment

Employment which meets the criteria below shall be considered suitable employment under the work registration requirement.

(1) Minimum Wage.

a. The wage offered is at least the highest of:

1. the applicable federal minimum wage;
2. the applicable state minimum wage; or
3. 80% of the federal minimum wage, if neither the federal nor the state minimum wage is applicable to the job; or

b. The employment offered is on a piece rate basis, and the average hourly yield the employee can reasonably expect to earn at least equals the applicable hourly wages specified under (1)a. above.

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- (2) Labor Organizations. The registrant, in order to be hired or to continue working, is not required to join, resign from, or refrain from joining any legitimate labor organization.
- (3) Strikes. The work offered is not at a site subject to a strike or lockout at the time of the offer unless the strike has been enjoined under Section 208 of the Labor-Management Relations Act (Taft-Hartley), or unless an injunction has been issued under Section 10 of the Railway Labor Act.
- (4) Other Suitable Employment. Employment is also considered suitable unless the registrant can demonstrate or the worker determines one of the following:
 - a. The risk of health and safety is unreasonable.
 - b. The registrant is physically or mentally unfit to perform the employment, as documented by medical evidence or by reliable information from other sources.
 - c. The employment offered within the first 30 days of registration is not in the registrant's major field of experience.
 - d. The distance from the registrant's home to the place of employment is unreasonable based on the expected wage and the time and cost of commuting. Daily commuting time shall not exceed two hours per day, not including the transportation of a child to and from a child care facility. Nor shall employment be considered suitable if the distance to the place of employment prohibits walking, and both public and private transportation are unavailable for use in getting to the job site.
 - e. The working hours or nature of the employment interferes with the member's religious observances, convictions or beliefs.

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In addition to the requirements specified in 106 CMR 362.340, all work registrants who do not qualify for one of the exemptions stated in 106 CMR 362.350(B) must enroll and participate in a component of the Food Stamp Employment and Training (FS/ET) program, as specified in 106 CMR 362.350(L). Any work registrant who is required to participate in FS/ET and who fails to comply without good cause with the requirements in 106 CMR 362.350 shall be disqualified, as specified in 106 CMR 362.360.

(B) Exemptions

Every household member who is required to register for work is required to enroll and participate in FS/ET unless determined to be exempt from FS/ET enrollment. A person determined to be exempt may enroll on a voluntary basis. A voluntary participant may withdraw his or her enrollment at any time without loss of food stamp benefits provided that the person's exempt status has not changed. A person not exempt from FS/ET enrollment shall be referred to as a mandatory FS/ET enrollee.

The following individuals are exempt from FS/ET enrollment:

- (1) A parent who has been convicted of an offense, is under sentence of the court to perform unpaid work or community service, is permitted to live at home while serving the sentence, and who as a result is unable to maintain regular full-time employment.
- (2) Those individuals for whom reasonably available public or private transportation results in travel time in excess of two hours to the nearest FS/ET site, exclusive of the time necessary to transport family members to a school or a place providing care, or for whom walking is the only available means of transportation and the round trip distance is more than two miles.
- (3) Those individuals for whom the support services identified as being necessary for participation are unavailable. Such support services shall include, but are not limited to, affordable, state-standard dependent care that is available during the individual's hours of training or employment, including commuting time. Such support services shall also include suitable dependent care for dependents with identified special needs, such as handicapped or retarded children.
- (4) A pregnant woman in her second or third trimester of pregnancy.
- (5) Individuals whose FS/ET expenses exceed or are expected to exceed the reimbursement available for FS/ET expenses.

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- (6) All individuals who would otherwise be mandatory FS/ET participants except that their monthly expenses (that are reasonably necessary and directly related to participation in the FS/ET program) exceed the allowable reimbursement amount, in accordance with 106 CMR 362.350(C)(5). These individuals shall not be required to participate in that component and shall be placed, if possible, in another suitable component in which the individual's monthly FS/ET expenses would not exceed the allowable reimbursable amount paid by the Department. If no other component is suitable, the individual continues to be exempt.

(C) Verifications

The FS/ET exemption status of each household member shall be reviewed prior to initial certification and at recertification. When the information provided by the household is questionable or inconsistent with other known information, the appropriate verifications of the FS/ET exemption must be submitted. Pending verification, the individual shall be designated as temporarily exempt.

- (1) Verification that a parent has been convicted of an offense, is under sentence of the court to perform unpaid work or community service and is permitted to live at home while serving the sentence shall be documentation from the court or probation office, and shall include a statement of the duration of the sentence. Documentation from a public agency verifying that the parent is currently performing the service shall also be required.
- (2) Verification of two hours round trip transportation time or two miles where walking is the only available means of transportation shall be a written statement to that effect by the individual or, if appropriate, by a collateral contact with a transportation official if public transportation is used. The individual's name and exact address will not be used when verifying public transportation information.

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(3) Unavailability of Necessary Support Services:

a. Unavailability of dependent care

The unavailability or loss of previously available, affordable, state-standard dependent care shall be verified by a written, dated, and signed statement that dependent-care services are unavailable in the area, or are unavailable during the hours of the individual's employment or training. This statement shall be provided by any of the following sources:

1. an appropriate official of the local Department of Social Services office as designated by the Department of Social Services;
2. an appropriate official of the state Office For Children as designated by the Office For Children;
3. the household's former dependent-care provider, when applicable; or
4. the household member, when no such statement is available from the former dependent-care provider.

If affordable, state-standard dependent-care services are unavailable, the individual may not refuse without good cause a Department referral to a state-standard dependent-care facility that provides affordable care suitable to the individual dependent's needs and within a reasonable distance of the individual's home.

b. Unavailability of dependent care for individuals with special needs

The unavailability of suitable dependent care for individuals with identified special needs or for individuals with other specific needs shall be verified by:

1. A written, dated, and signed statement from a competent medical authority, as defined in 106 CMR 362.350(C)(1), or from an appropriate school official that the dependent in question suffers from a special needs handicap as recognized under state law or has other specific needs; and
2. A written, dated, and signed statement from the local Department of Social Services office stating that such special needs dependent-care services are unavailable within reasonable proximity to the individual and his or her family.

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3. If items (1) and (2) above are not obtainable, a written, dated, and signed statement from the individual stating the reason for the unsuitability of the dependent care and, if appropriate, a collateral contact with the dependent-care provider.

When dependent-care services have been interrupted, verification shall be by a written, dated, and signed statement from an appropriate official of the local Department of Social Services office, or from the dependent-care provider.

c. Unavailability of other support services

The unavailability or loss of previously available support services, other than dependent care, shall be verified by a written, dated, and signed statement that such services are unavailable in the area, or are unavailable during the hours of the individual's employment or training. This statement shall be provided by any of the following sources:

1. an appropriate official of the local Department of Social Services office as designated by the Department of Social Services;
 2. the household's former service provider(s), when applicable; or
 3. the household member, when no such statement is available from the former service provider(s).
- (4) Second or third trimester pregnancy shall be verified by a written statement from a competent medical authority, as defined in 106 CMR 362.350(C)(1), substantiating pregnancy and the month the child is expected to be born.
- (5) Verification that expenses exceed reimbursements for FS/ET participation means that transportation and/or nondependent care related expenses exceed \$25 per month or dependent-care expenses exceed \$160 per month for each dependent.

(D) FS/ET Status Notification

All work registrants shall be notified in writing of their FS/ET status, the exemption criteria, the rights and responsibilities associated with this status, and the right to a fair hearing if they do not agree with the status determination.

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A household member who disagrees with the determination that he or she is a mandatory FS/ET enrollee and who wishes to appeal such determination may enroll in the program and at the same time appeal the status determination. Such an individual shall be considered to be exempt from participation until his or her appeal is heard and a decision rendered.

(E) Enrollment

All household members who are determined to be mandatory enrollees must enroll in FS/ET. The Case Manager is responsible for enrolling mandatory enrollees in the FS/ET program. The Case Manager must also enroll any nonmandatory individual who chooses to enroll. Enrollment is considered completed when the household member signs a form prescribed by the Department.

(1) Enrollment Time Limits

- a. A household member who is determined to be a mandatory enrollee must enroll at the time of work registration.
- b. A nonmandatory individual may enroll in FS/ET at any time.

(2) Verification

FS/ET enrollment shall be verified by a copy of the Department-prescribed form signed by both the household member and the Case Manager.

(3) Consequences of Refusal to Enroll

Mandatory participants face the following consequences if they refuse to enroll in FS/ET:

- a. when the individual who refuses to enroll is the head of household, the entire household shall be ineligible to participate in the Food Stamp Program, as specified in Section 362.360;
- b. when the individual who refuses to enroll is a household member other than the head of household, that individual shall be ineligible to participate in the Food Stamp Program, as specified in Section 362.360.

When a mandatory enrollee refuses to enroll, the Case Manager must inform him or her that it is possible to enroll to meet the Food Stamp Program eligibility requirement and simultaneously appeal the mandatory status determination.

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(F) Participation

All mandatory FS/ET enrollees are required to participate in FS/ET unless they are determined to have good cause for nonparticipation, as specified in 106 CMR 362.350(I). This section delineates the participation requirements.

(1) Appraisal Interview and Employment Plan

- a. Following completion of the FS/ET enrollment, the Case Manager shall schedule a FS/ET appraisal interview. The primary purpose of the appraisal interview is to develop the Employment Plan considering the individual's educational and employment background, his or her potential for employment, and needed support services. The Case Manager shall explain the available program components and assist the individual in choosing the component which will best serve the goal of obtaining long-term, self-sustaining employment. The individual must be informed that a FS/ET component must be selected within 30 days from the date mandatory participant status has been determined. If the individual has not made a component selection by the 30th day, a component shall be selected for the enrollee on the 30th day by the Department.
- b. At the appraisal interview the Case Manager shall provide career planning for FS/ET enrollees who request assistance in focusing on career goals and in identifying the educational, training, or job placement options that will help in the achievement of those goals.
- c. If at all possible, the interview shall occur the same day that enrollment occurs, if the household member agrees. If the appraisal interview cannot be held the same day, it shall be scheduled for the earliest mutually convenient time. If the household member does not agree to schedule an appraisal interview at the time of enrollment or does not attend a scheduled appraisal interview, he or she shall be informed that the appointment may be scheduled at a later time. The household member shall receive a written notice of the time, date, and location of the scheduled interview.
- d. The Case Manager shall be responsible for conducting initial appraisal interviews of FS/ET enrollees. FS/ET enrollees are responsible for attending the appraisal interview unless they have good cause for failure to do so in accordance with 106 CMR 362.350(I).

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- e. Participation in FS/ET shall be based on an individual Employment Plan which is either mutually agreed to between the FS/ET participant and the Department or determined by the Department if necessary. Prior to the completion of the Employment Plan, or at the time of change or modification of the Employment Plan, the Case Manager shall again explain the program components. The Employment Plan shall contain the progressive steps necessary for each individual to achieve the final goal of seeking and obtaining self-sustaining employment.
- f. The Employment Plan shall contain:
 - 1. the participant's employment goal;
 - 2. the assessment, training or educational steps which may be necessary to achieve the goal;
 - 3. the results of the assessment, if applicable;
 - 4. recommendations that are consistent with any program of education and/or training already in progress or scheduled to begin within the next six months; and
 - 5. the support services which may be necessary to achieve the goal.
- g. The Employment Plan shall be changed or modified at any time if both the FS/ET participant and the Case Manager agree to the change or modification.

A FS/ET participant may request at any time up to two complete changes in the Employment Plan. If both the FS/ET participant and the Case Manager agree that the proposed change is reasonable and appropriate and will result in achievement of the final goal of seeking and obtaining self-sustaining employment, the Employment Plan shall be changed in accordance with the agreement.

- h. The Employment Plan shall be a written document signed by both the FS/ET participant and the Case Manager. The FS/ET participant shall receive one copy of the plan, and the original shall be placed in the case record.
- i. If the FS/ET participant and the Case Manager are unable to agree on the initial Employment Plan; a proposed change or modification to the Employment Plan; or the component selected by the Department, when necessary, there shall be a review and assessment of the available information. The review shall be conducted by a Department employee other than the Case Manager and the FS/ET participant and/or a representative of the FS/ET participant. If this review process does not result in agreement on an Employment Plan, the FS/ET participant may request a fair hearing in accordance with the provisions of 106 CMR 343.000 et seq., Fair Hearing Rules.

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- a. The worker is responsible for arranging the placement of the FS/ET participant in his or her chosen component.
- b. If the agreed-upon component is unavailable because it is operating at full participation capacity, the FS/ET participant may either be placed on the waiting list and wait until a slot is available or may request a reappraisal interview and a modification of the Employment Plan.
- c. If the agreed-upon component is not currently in operation but is scheduled to begin within six months, the FS/ET participant may either wait until it begins or request a reappraisal interview and a modification of the Employment Plan.

If the agreed upon component is not scheduled to begin within six months, a reappraisal interview shall be scheduled.

(3) Component Participation

Upon placement in a chosen component activity, the FS/ET participant must begin participating within 10 days unless the component is not then available and must meet the participation requirements of that particular component. The Department shall notify the enrollee, upon entry into an FS/ET component, either orally or in writing, of the requirements of the component, what will constitute noncompliance with these participation requirements, and the consequences of noncompliance. Failure to meet the component participation requirements without good cause will require the Department to take action as specified in 106 CMR 362.350(G).

(G) Conciliation Procedures and Notice of Adverse Action

If the worker determines that a mandatory participant has failed or refused to comply with FS/ET requirements without good cause, the Department shall initiate conciliation procedures in accordance with 106 CMR 362.350(G).

(1) Purpose of Conciliation

The purpose of the conciliation effort is to determine the reason(s) the individual did not comply with the FS/ET requirement and provide the individual with an opportunity to comply prior to the issuance of the notice of adverse action. The conciliation period shall begin the day following the date the Department learns of the noncompliance and shall continue for a period not to exceed 30 calendar days.

(2) The Conciliation Period

Within this conciliation period, the Department shall:

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- a. Contact the individual to ascertain the reason(s) for the noncompliance;
- b. Determine whether good cause for noncompliance exists;
 1. If good cause does not exist, the Department shall inform the individual of the pertinent FS/ET requirements and the consequences of failing to comply.
 2. The individual shall be informed of the action(s) necessary for compliance and the date by which compliance must be achieved to avoid the notice of adverse action.
 3. To avoid the notice of adverse action, the individual must perform a verifiable act of compliance such as attending a job search training session or submitting a report of job contacts.
 4. Verbal commitment by the individual is not sufficient unless the individual is prevented from complying by circumstances beyond the individual's control.
- c. Determine whether the individual will not comply (i.e., refuses to comply and does not have good cause); and
 1. If the individual will not comply, the Department may end the conciliation period early and proceed with the issuance of the notice of adverse action.
 2. The individual's refusal to comply shall be documented in the case record.
- d. Determine whether the individual refuses or fails to comply with any of the work requirements other than the FS/ET requirements. Within 10 days of determining noncompliance without good cause, the Department shall provide the individual or household with a notice of adverse action.

(3) Notice of Adverse Action

- a. The Department shall issue a notice of adverse action to the individual or household, as appropriate, no later than the last day of the conciliation period.
- b. If the notice of adverse action was issued prior to the end of the conciliation period and the Department verifies that compliance was achieved by the end of the 30-day conciliation period, the notice of adverse action may be cancelled.
- c. The notice shall contain the particular act of noncompliance committed and the proposed period of disqualification, and shall specify that the individual or household may reapply at the end of the disqualification period.

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- d. Information shall be included on or with the notice describing the action that can be taken to end or avoid the sanction.
- e. The disqualification period shall begin with the first month following the expiration of the 10-day adverse action period, unless a timely appeal is filed, in accordance with 106 CMR 362.360(F).

(H) Ineligibility as a Result of Failure to Participate

When it has been determined that a mandatory FS/ET enrollee has failed or refused to participate in the FS/ET program without good cause, as specified in 106 CMR 362.370, a period of ineligibility must be imposed upon the individual in accordance with 106 CMR 362.360.

At the end of the ineligibility period, the individual may request that eligibility be reestablished or may reapply for food stamp benefits, in accordance with 106 CMR 362.380.

(I) Good Cause for Refusal or Failure to Participate

To determine if good cause exists for refusal or failure to participate in FS/ET, the Department shall consider all facts and circumstances, including information submitted by the DET office, the enrollee, and the sponsor of the FS/ET component. Good cause includes circumstances beyond the individual's control, such as, but not limited to, illness, illness of another household member sufficiently serious to require the presence of the enrollee, unavailability of transportation, household emergency, lack of affordable, suitable, state-standard dependent care for dependents who have reached age six but are under age 12, or inadequate reimbursement to provide for expenditures necessary to participation as allowed under 106 CMR 362.350(K).

(J) FS/ET Components

In developing the Employment Plan, the worker shall help the FS/ET enrollee choose the component or combination of components that will lead to the long-term goal of self-sustaining employment. Not all components will be available to all FS/ET enrollees. The components available through the FS/ET program are as follows:

(1) Job Search, Development and Placement Services

The Department of Employment and Training (DET) has agreed to provide a full range of services encompassing two broad areas: Employment Search Services and Employment Network Services.

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Employment Search Services will be provided to job-ready individuals who have recent work experience and need assistance in locating, upgrading, and/or developing employment. This service includes assistance in using the DET Job Bank System, DET local office job listings, and employer recruitment.

Under Employment Network Services, individuals have access to career planning, job development and placement, and training in successful job search techniques. Additional education and skills training may also be provided through DET.

Participants in the Job Search, Development and Placement Services component must make at least 18 job contacts, or five job contacts and other job search activities which combined total 24 hours of effort within 30 days of this component being chosen. This fulfills the participation requirement for 12 consecutive months.

After two consecutive months of participation in the Job Search, Development and Placement Services component, participants who want to continue in the Job Search component must return to the worker to renew their enrollment. At renewal the participant and the worker can determine if the component should be continued or revised to suit the needs of the participant.

(2) Basic Education to Improve Employability

This component consists of four educational options: 1) basic literacy training for those who are illiterate; 2) adult education classes for those who are literate, but lack the necessary schooling to earn their high school degree; 3) high school equivalency programs for those who have an eighth grade education, but no high school degree; and 4) ESL programs for those who are not proficient in English. The courses generally consist of a four-hour day, four days a week.

Education beyond the undergraduate level may not be included in the Employment Plan.

(3) Skills Training

This component is intended to aid individuals in obtaining those work skills necessary for employment. In addition to classroom sessions, participants are placed at private sector worksites where they learn work skills on-the-job, and gradually move into full-time employment. The average length of skill training courses is six months. Most programs consist of a six-hour day, four days a week.

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The Assisted Placement component provides job placement and assistance, short-term skills training, and supported work for individuals who do not have a work history and are not prepared to enter the job market. These services help individuals to develop good work habits and positive employment records. The program utilizes a strategy of graduated responsibilities, peer support, and close supervision to ensure a successful transition to self-sufficiency. Participants in this component generally participate for a minimum of two weeks and a maximum of 46 weeks.

(K) Reimbursement for Expenditures Related to Participation

Participants in all FS/ET components shall be reimbursed for costs (other than dependent care costs) that are reasonably necessary and directly related to participation in the FS/ET program, in an amount established by the Department and subject to periodic review. Reimbursable costs may include, but are not limited to, transportation, and other work, training or education related expenses such as uniforms, personal safety items or other necessary equipment, and books or training manuals. These payments may be provided as a reimbursement for expenses incurred or in advance as payment for anticipated expenses in the coming month.

Necessary dependent-care costs, as determined by the Department, incurred by FS/ET participants (except for the caretaker relative of a dependent in a family receiving AFDC) shall be paid up to \$160 per dependent per month. The Department shall determine the payment method.

Any portion of dependent-care costs that is reimbursed, in accordance with 106 CMR 362.350(K), may not be claimed as an expense and used in calculating the dependent care deduction, as specified in 106 CMR 364.400, for determining benefits.

(L) Time Spent in the Employment and Training Program

FS/ET enrollees shall not be required to participate in the FS/ET components, or a combination of the FS/ET components and any work for compensation in cash or in kind, for more than 120 hours per month.

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When the Department determines that the head of household has refused or failed without good cause to comply with the requirements for work registration and/or participation in the FS/ET program, the entire household shall be ineligible to participate in the Food Stamp Program.

When the Department determines that an individual other than the head of household has refused or failed to comply without good cause, that individual shall be ineligible to participate in the Food Stamp Program and shall be treated as an ineligible household member.

(B) Definition of Head of Household

- (1) For purposes of failure to comply with the requirement for work registration and/or participation in the FS/ET program (or when a determination of voluntary quit is established), the head of household shall be the household member (including excluded members) who earned the greatest amount of income in the two months prior to the date of the application or month of the violation (i.e., the principal wage earner), unless the household contains more than one adult parent of children. (See 106 CMR 362.360(B)(2).) This "principal wage earner" provision applies only if the employment involves 20 hours or more per week or provides weekly earnings at least equivalent to the federal minimum wage multiplied by 20 hours.
- (2) A household that has more than one adult parent of children shall be given the option of selecting its head of household when all adult household members agree to the selection. The household may designate its head of household at initial certification and at each subsequent recertification. It may not change the designation during a certification period unless there is a change in the composition of the household.

If the household is not eligible to select its head of household, or an eligible household does not choose to select its head of household, the head of household shall be determined in accordance with 106 CMR 362.360(B)(1).

If there is no principal wage earner in the household, the household member documented in the case record as the head of the household at the time of the violation shall be considered the head of household. Designation of head of household, in accordance with 106 CMR 362.360(B)(1) or (2), whichever is applicable, shall take precedence over a previous designation of head of household at least until the period of ineligibility has ended.

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- (3) No person of any age can be considered the head of household if that person is living with a parent (or person fulfilling the role of parent) who is:
- (a) an AFDC recipient subject to and complying with any work requirement under Title IV of the Social Security Act; or
 - (b) receiving Unemployment Compensation or required to register for work as part of the Unemployment Compensation application process; or
 - (c) employed or self-employed and working a minimum of 30 hours weekly or receiving weekly earnings equal to the federal minimum wage multiplied by 30 hours.

(C) Period of Ineligibility

The disqualification period shall begin with the first full month following the expiration of the adverse action period, unless a timely appeal is filed.

Ineligibility of the household or of the household member shall continue for two months, or until the member who caused the violation:

- (1) complies with the requirement for ending disqualification, as specified in 106 CMR 362.380;
- (2) leaves the household;
- (3) becomes exempt from work registration in accordance with 106 CMR 362.330, if failure to comply with work registration requirements is the reason for disqualification; or
- (4) becomes exempt from the requirements of the FS/ET program in accordance with 106 CMR 362.350(B), if failure to comply with FS/ET program requirements is the reason for disqualification.

(D) Joining Another Household

When a household member who fails to comply without good cause joins another household as head of the household, the entire new household is ineligible for the remainder of the disqualification period.

When a member who fails to comply without good cause joins another household where he or she is not the head of household, the individual shall be ineligible for two months and shall be considered an ineligible household member in accordance with 106 CMR 361.230.

(E) Notice of Adverse Action

The Department shall determine whether good cause, as specified in 106 CMR 362.370, exists for any household member who refuses or fails

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to comply. Within 10 days of determining that noncompliance was without good cause, the Department shall provide the individual or household with a notice of adverse action. This notice shall contain:

- (1) the particular act of noncompliance committed;
- (2) the proposed period of disqualification;
- (3) information describing the action(s) that can be taken to end or avoid the period of disqualification; and
- (4) specific notification that the individual or household may reapply at the end of the disqualification period.

(F) Right to Appeal

Each individual or household has a right to a fair hearing to appeal a denial, reduction, or termination of benefits due to a determination of nonexempt status, or a determination by the Department of failure to comply with the work registration or FS/ET program requirements, as specified in 106 CMR 362.340 and 362.350.

The individual or household shall be afforded a fair hearing in accordance with the provisions of 106 CMR 343.000 et seq., Fair Hearing Rules.

An individual or household may appeal Department actions such as exemption status, the type of requirement imposed, or the Department's refusal to make a finding of good cause, when the individual or household believes that a finding of failure to comply has resulted from improper decisions on these matters.

The Department shall receive sufficient advance notice of the intention to request a fair hearing to either permit the attendance of a representative or ensure that a representative will be available for questioning over the phone during the hearing.

An individual or household shall be allowed to examine its work registration and/or FS/ET case record at a reasonable time before the date of the fair hearing, except for confidential information (that may include test results) that the Department determines should be protected from release. Information not released to a household may not be used by either party at the hearing.

The results of the fair hearing shall be binding on the Department.

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To determine if good cause exists for failure to comply with requirements for work registration and/or the FS/ET program, the worker shall consider all facts and circumstances, including information submitted by the DET office, the enrollee and the employer. Good cause includes circumstances beyond the member's control, such as, but not limited to, illness, illness of another household member sufficiently serious to require the presence of the registrant, unavailability of transportation, household emergency, lack of adequate, state-standard dependent care for dependents who have reached age six but are under age 12, or inadequate reimbursement to provide for expenditures related to participation as allowed under 106 CMR 362.350(K).

362.380: Reestablishing Eligibility

During the disqualification period or following the end of the two-month disqualification period for noncompliance with the requirements for work registration or participation in the FS/ET program, the household or member may apply again to establish eligibility. Eligibility may be established or reestablished within a disqualification period when:

- (A) the household is otherwise eligible and the head of household becomes exempt from the work registration or FS/ET requirement that caused the period of ineligibility; is no longer a member of the household; or complies with the appropriate requirement listed in 106 CMR 362.380(B)(1) through (7); or
- (B) the member is otherwise eligible and the member becomes exempt from the work registration or FS/ET requirement that caused the period of ineligibility or complies as follows:
 - (1) If disqualification was due to refusal to register for work, the household member must complete the work registration form.
 - (2) If disqualification was due to refusal to report for an interview at the DET office, the registrant must report for the rescheduled interview.
 - (3) If disqualification was due to refusal to respond to a request from the DET office for supplemental information regarding employment status or availability for work, the registrant must respond to the DET office.
 - (4) If disqualification was due to refusal to report to an employer when referred by the DET office, the registrant must report to the same employer or another employer when referred.
 - (5) If disqualification was due to refusal to accept a bona fide offer of suitable employment when referred by DET, the registrant must accept this employment or other employment with equivalent earnings; or any other employment of at least 30

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hours per week or if less than 30 hours per week, with weekly earnings equal to or greater than the federal minimum wage multiplied by 30 hours.

- (6) If disqualification was due to refusal to continue suitable employment when referred by DET, the registrant must return to this employment, or accept other employment with equivalent earnings or any other employment of at least 30 hours per week or if less than 30 hours per week with weekly earnings equal to or greater than the federal minimum wage multiplied by 30 hours.
- (7) If disqualification was due to refusal or failure to fulfill the requirements for participation in the Food Stamp Employment and Training Program, the household member must fulfill these requirements, as specified in 106 CMR 362.350.

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No household whose head of household voluntarily quit his or her most recent job without good cause shall be eligible for participation in the Food Stamp Program in accordance with this section. At the time of application or recertification, the household shall be informed of the consequences of the household's head quitting his or her job without good cause.

For an applicant household, when the head of household is unemployed and required to register for work or is exempt according to 106 CMR 362.330(G), and has voluntarily quit his or her most recent job within the last 60 days, the entire household shall be disqualified from participation.

For participating households, disqualification occurs when the head of household is unemployed, required to register for work, and has voluntarily quit his or her job while participating in the Program.

Persons who are the head of one household and who have been disqualified for quitting a job without good cause will carry their sanction with them if they join a new household as its head. The new household will be ineligible for the remainder of the sanction period unless the person who caused the disqualification ends it. (See 106 CMR 362.390(G).) If an individual who voluntarily quit joins a new household and is not the household head, the sanction shall be terminated.

Should a household that has been determined to be noncompliant without good cause split into more than one household, the sanction shall follow the member who caused the disqualification.

(A) Definitions. As used in this section, the following terms are defined.

- (1) Head of Household. The household member who is the principal wage earner and who earned the greatest amount of income in the two months prior to the quit, subject to the provisions of 106 CMR 362.360(B).
- (2) Unemployed. Employed less than 20 hours per week or receiving less than weekly earnings at least equivalent to the federal minimum wage multiplied by 20 hours.

NOTE: This 20-hour requirement is different from that used to determine full-time employment for exemption from work registration (see 106 CMR 362.330(G)).

- (3) Good Cause. Good cause for leaving employment includes circumstances beyond the household member's control such as, but not limited to, illness, illness of another household member sufficiently serious to require the presence of the household member, unavailability of transportation, household emergency, the lack of adequate, state-standard child care for children who have reached age six but are under age 12 or a job that does not meet the suitability criteria in 106 CMR 362.340. Good cause

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for leaving employment also includes:

- a. Discrimination by an employer for reasons of age, race, sex, color, handicap, religious beliefs, national origin or political beliefs.
- b. Work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule.
- c. Acceptance of employment by the head of household or enrollment at least half-time in any recognized school, training program or institution of higher education that requires the head of household to leave employment.
- d. Acceptance of employment by any other household member or enrollment at least half-time in any recognized school, training program or institution of higher education located in another county requiring the household to move and the head of household to leave employment.
- e. Resignations by persons under the age of 60 when the resignation is recognized by the employer as retirement.
- f. Employment that becomes unsuitable after acceptance of such employment (see 106 CMR 362.340).
- g. Acceptance by the head of household of a bona fide offer of employment of more than 20 hours per week or in which the weekly earnings are at least equivalent to the federal minimum wage multiplied by 20 hours when, because of circumstances beyond the head of household's control, the employment subsequently either does not materialize or results in employment of less than 20 hours per week or weekly earnings of less than the federal minimum wage multiplied by 20 hours.
- h. The leaving of employment by the head of household in connection with patterns of employment in which workers frequently move from one employer to another such as migrant farm labor or construction work. There may be some circumstances where households will apply for food stamp benefits between jobs particularly in cases where work may not yet be available at the new job site. Even though employment at the new site has not actually begun, the quitting of the previous employment shall be considered as with good cause if it is part of the pattern of that type of employment.

(B) Changes in Employment That Are Not Considered A Voluntary Quit.

- (1) Reducing hours of employment while working for the same employer.
- (2) Termination of a self-employment enterprise.
- (3) Resigning from a job at the demand of the employer.

Exception: Federal, state, or local government employees who participate in a strike against such employers and who are dismissed from their jobs because of participation in the strike, shall be considered to have voluntarily quit their job without good cause.

- (4) If an individual quits a job, secures new employment at comparable wages or hours and is then laid off or, through no fault or his or her own loses the new job, the earlier quit will not form the basis of a disqualification.

(C) Exemption from the Voluntary Quit Provision.

Persons exempt from work registration in accordance with 106 CMR 362.330(A) through (I), but not (G), are exempt from voluntary quit provisions.

(D) Verification of Voluntary Quit.

The worker shall request verification of the household's statements only when information given by the household is questionable, that is, inconsistent with information on the application or previous applications or with information known to the worker. The primary responsibility for providing verification rests with the household. However, if it is difficult or impossible for the household to obtain documentary evidence in a timely manner, the worker shall offer assistance to the household to obtain the needed verification.

- (1) Sources of Verification. Acceptable sources of verification include, but are not limited to, the previous employer, employee associations, union representatives and grievance committees or organizations. Whenever documentary evidence cannot be obtained, the worker shall substitute a collateral contact. If the collateral contact designated by the household cannot be expected to provide accurate third-party verification, the worker shall ask the household to designate another collateral contact and document in the case record why the original collateral contact was unacceptable.
- (2) Inability to Obtain Verification. No household shall be denied participation in the Food Stamp Program when the household and the worker are unable to obtain verification from the sources in (1), above, or from other sources because the reason for the quit cannot be verified. Such reasons include, but are not

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limited to, resignation due to discrimination practices or unreasonable demands by an employer or because the employer cannot be located.

(E) Voluntary Quit at Application.

When a worker makes a determination of voluntary quit without good cause, the household's application shall be denied and the entire household shall remain ineligible to participate in the Food Stamp Program for a period of 90 days, starting from the date of quit. The household shall be informed of the proposed period of disqualification, its right to reapply at the end of the 90-day period and of its right to a fair hearing.

If a household reapplies with less than 30 days remaining in the disqualification period, the worker shall use the same application to deny benefits for the remainder of the disqualification period and to certify the household for subsequent month(s) if all other eligibility criteria are met by the household. (See 106 CMR 364.110(A).)

(F) Voluntary Quit for Participating Households.

When a worker makes a determination of voluntary quit during a household's participation in the Program, a Notice of Adverse Action shall be sent within 10 days after the determination of a voluntary quit is made. The household shall be informed of the proposed period of disqualification and that a reapplication can be made at the end of the disqualification period. The disqualification period shall be for three months beginning with the first of the month after all normal adverse action procedures have been followed. Each household has a right to a fair hearing to appeal the termination of benefits due to a voluntary quit determination. If the Department's voluntary quit determination is upheld at the fair hearing, disqualification shall begin the first of the month after the hearing decision is rendered. For those households that leave the Program before the disqualification period is imposed, the disqualification period shall begin when the household reapplies.

(G) Ending a Voluntary Quit Disqualification.

Following the end of the disqualification period, a household may begin participation in the Program if it applies again and is determined eligible.

Eligibility may be reestablished during a disqualification period and the household shall be permitted to resume participation in the Program, if the household is otherwise eligible and the member who caused the disqualification:

- (1) gets a new job that is comparable in salary or hours to the job that was quit (comparable employment may entail fewer hours or a lower net salary than the job that was quit);

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- (2) leaves the household; or
- (3) becomes exempt from the work registration requirement (see 106 CMR 362.330(A) through (I) but not (G)).

A household determined ineligible due to a voluntary quit without good cause may reestablish eligibility if a new and otherwise eligible member joins as the head of household as defined in 106 CMR 362.360(B).

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362.400: Student Status

Any person between the ages of eighteen (18) and sixty (60) who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in the Food Stamp Program unless (s)he meets one (1) of the eligibility requirements of Section 362.410. This section does not apply to the following:

- (A) Persons who are physically or mentally unfit for employment.
- (B) Persons attending high school.
- (C) Persons participating in on-the-job training programs.
- (D) Persons enrolled full-time in schools and training programs which are not institutions of higher education.
- (E) Persons enrolled for the exclusive purpose of obtaining training in English as a Second Language (ESL), provided that the courses are not taken for credit as part of a total program.

An institution of higher education is any institution which normally requires a high school diploma or equivalency certificate for enrollment including, but not limited to, colleges, universities, and vocational or technical schools at the post high school level.

If mental or physical unfitness for employment is claimed and the unfitness is not evident, verification may be required. Appropriate verification may consist of:

- (1) receipt of temporary or permanent disability benefits from a government or private source;
- (2) a statement from a physician or licensed or certified psychologist stating that the person is physically or mentally unfit for employment; or
- (3) participation in a Massachusetts Rehabilitation Commission program or other Massachusetts approved vocational rehabilitation programs.

362.410: Eligibility

In order to be eligible to participate in the Food Stamp Program, any student, as defined in Section 362.400, must meet at least one (1) of the following criteria:

- (A) Be employed at least twenty (20) hours per week and be paid for the employment, or, if self-employed, be employed for a minimum of twenty (20) hours per week and receive weekly earnings at least equal to the federal minimum wage multiplied by twenty (20) hours; or

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- (B) Participate during the school year in a work-study program funded at least partially under Title IV-C of the Higher Education Act of 1965;
- (C) Be responsible for the care of a dependent household member under the age of six (6);
- (D) Be responsible for the care of a dependent household member who has reached the age of six (6) but is under the age of twelve (12) and adequate child care is not available;
- (E) Be receiving AFDC; or
- (F) Be assigned to or placed in an institution of higher learning through a program under the Job Training Partnership Act (JTPA).

362.420: Continuous Enrollment

The enrollment status of a student begins on the first day of the school term of the institution. Such enrollment continues through normal periods of class attendance, vacation, and recess unless the student graduates, is suspended or expelled, drops out, or does not intend to register for the next normal school term (excluding summer school).

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362.500: Social Security Numbers(A) Requirements

A household not receiving expedited service must meet the social security number (SSN) requirement of furnishing an SSN for each member prior to initial certification unless good cause for failure to furnish an SSN exists, in accordance with Subsection 362.500(D). A household receiving expedited service in accordance with Section 365.800 et seq. must meet the SSN requirement prior to the first full month of participation, unless good cause for not meeting the SSN requirement is established in accordance with Subsection 362.500(D). The application for a social security number must be verified prior to initial certification; however, the receipt of the SSN does not have to be verified prior to initial certification.

Each household member not meeting the SSN requirements without good cause shall be considered a disqualified nonhousehold member in accordance with Section 365.520. An otherwise eligible nonhousehold member, disqualified for failing to meet the SSN requirements, becomes eligible upon meeting the requirements.

Assistance may not be denied, delayed or decreased pending the issuance or verification of a social security number if the applicant or recipient has complied with the requirements for obtaining the number.

If a household member has more than one SSN, all of his or her SSNs must be furnished and verified.

A verified SSN shall be reverified if the identity of the individual or the validity of the SSN becomes questionable.

The Department shall verify the SSN of each household member by performing a computer match with the Social Security Administration. SSA sources that verify the SSN include Bendex Title II and Title XVIII data, Numident, State Data Exchange (SSI) information and the enumeration process. The Accretion Report verifies both the SSN and the fact that the number has been automatically accreted to the Master File.

An SSN verified for another Department program shall be considered verified for the Food Stamp Program.

(B) Application for a Social Security Number1. Requirements

When the household member cannot furnish the necessary social security number(s) because:

- a. it has never been assigned;

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- b. the household member no longer has any memory or record of the social security number;
- c. it is necessary to validate an already existing number when two or more numbers are submitted for a person,

the worker shall refer the household member to the nearest Social Security office. The worker shall inform the household member that the Social Security office may require verification of age, identity and citizenship or alien status.

A household member who cannot furnish an SSN for any of the above reasons must obtain verification from the SSA, in accordance with Subsection (B)(2) below, stating:

1. that (s)he has applied for an SSN;
2. that (s)he has applied to have an already existing number validated; or
3. that (s)he has made every effort to supply SSA with the information necessary to apply for an SSN or to apply to have an already existing number validated.

Upon delivery of such verification to the worker, the household member shall be considered eligible to receive assistance providing that (s)he meets all other eligibility requirements.

The worker shall provide the household member upon request with any documents existing in the Food Stamp file that provide the verifications necessary to apply for an SSN or to apply to have an already existing number validated. The worker shall retain a copy of any document(s) given to the applicant or recipient.

2. Verifications

Verification that a household member has fulfilled the requirements specified in Subsection (B)(1) above shall be provided at the following times:

1. at application, when the household member cannot furnish the necessary SSN for any of the reasons listed in Subsection (B)(1) above;
2. when there is a match discrepancy, as specified in Subsection (C) below; or
3. where there is a question as to the validity of the number and/or the identity of the household member.

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The signature of an SSA employee on the ENUM-2 form is the preferred verification that a household member has applied for an SSN, has applied to have an already-existing number validated, or has made every effort to supply SSA with the information necessary to apply for an SSN or to apply to have an already-existing number validated. In the absence of the ENUM-2 form, one of the following shall be sufficient:

- a. form 5028 from SSA;
- b. form SSA 2853; or
- c. any other communication, written or oral, from an SSA office, verifying that the household member has applied for an SSN, has applied to have an already-existing number validated, or has made every effort to supply SSA with the information necessary to apply for an SSN, or to apply to have an already-existing number validated.

(C) Match Discrepancies

When a household member furnishes a number that cannot be verified by computer match with the SSA, in accordance with 106 CMR 362.500(A) above, the worker shall refer the household member to the nearest social security office.

A household member whose SSN produces a match discrepancy must obtain verification from the SSA, as specified in 106 CMR 362.500 (B)(2) above, stating:

1. that he or she has applied for an SSN;
2. that he or she has applied to have an already-existing number validated; or
3. that he or she has made every effort to supply SSA with the information necessary to apply for an SSN, or to apply to have an already-existing number validated.

Upon delivery of such verification to the worker, the household member shall be considered eligible to receive assistance, provided that he or she meets all other eligibility requirements.

The worker shall inform the household member that the social security office may require verification of age, identity, and citizenship or alien status. The worker shall provide the household member, upon request, with any documents existing in the Food Stamp file that provide the verifications necessary to apply for an SSN or to apply to have an already-existing number validated. The worker shall retain a copy of any document(s) given to the household member.

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A household member whose social security number produces a match discrepancy shall only be referred to SSA once to obtain verification that (s)he has applied for an SSN or has applied to have an already existing number validated. Should a second match discrepancy occur after the household member has provided the SSA verifications necessary to rectify the original match discrepancy, it will be assumed that the SSN furnished is valid and has been verified for purposes of eligibility, unless the identity of the household member and/or the validity of the SSN become questionable.

(D) Determining Good Cause

Good Cause for failure to comply with the requirement to furnish an SSN exists when:

1. the household provides verification of the application for an SSN, as specified in Subsection (B)(2) above;
2. the household provides verification of application to have an already existing number validated, as specified in Subsection (B)(2) above; or
3. there is documentary evidence or collateral information that the household has made every effort to supply SSA with the information necessary to apply for an SSN or to apply to have an already existing number validated.

(E) Right to Know Uses of Social Security Numbers

The applicant or recipient has the right to know how the Department will use his or her social security number and the numbers of all members of the household. At the time the applicant is given the application form and at the time of recertification, (s)he will also be given written notice on a form prescribed by the Department explaining the following:

1. the purposes for which the numbers are sought;
2. that the SSN(s) will be computer cross-checked with social security numbers appearing in other personal data files;
3. what those files are, whether within the Department, in other governmental agencies or elsewhere; and
4. that failure to meet Department requirements for furnishing a social security number shall result in denial or termination of benefits, unless Good Cause for not meeting these requirements exists.

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363.000: Introduction

A food stamp household shall meet both income and asset criteria to participate in the Food Stamp Program. This identifies the income and assets that must be counted in making a determination of eligibility as well as those that are noncountable.

363.100: Assets

Assets are items of value that may be converted into cash. All of the household's assets shall be counted in making a determination of eligibility unless specifically exempted by Section 363.140.

Liquid assets include, but are not limited to, cash on hand, bank deposits, securities, lump sum payments and IRA's and certain Keogh plans. The current value of all countable liquid assets shall be verified.

Nonliquid assets are those that are not readily convertible to cash. These include land and buildings, licensed and unlicensed vehicles, and any other property. The countable value of a nonliquid asset, except for certain licensed vehicles, shall be its equity value. An asset's equity value is its fair market value less any encumbrances.

The equity value of nonliquid assets shall be verified when information provided by household members is inconsistent with statements made by the household, with information on the current or previous applications, or with information known to the worker.

For households containing sponsored aliens, portions of the assets of the sponsor and the sponsor's spouse, if living with the sponsor, shall be deemed as assets to the household in accordance with Section 365.300.

The primary source of verification of all assets shall be documentary evidence. An alternate source of verification such as a collateral contact or home visit shall be used in accordance with Section 361.640 when documentary evidence is unavailable.

363.110: Asset Eligibility Limits

The total value of countable liquid and nonliquid assets owned by a household shall not exceed the following:

- (A) \$3000 for any household with at least one member age 60 or over; and
- (B) \$2000 for all other households.

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The asset eligibility standards of this section shall be applied to noncategorical AFDC, SSI, and/or EAEDC households, and RRP and NPA households. AFDC, SSI and/or EAEDC households that are categorically eligible, in accordance with 106 CMR 365.180, do not have to meet the asset eligibility standards or definitions in this section. The assets of a household member(s) who receives AFDC or SSI benefits and who is not a member of a categorically eligible household shall be considered exempt for food stamp purposes, in accordance with 106 CMR 363.140(H)(5). At application, the household shall report all assets owned or anticipated to be received during the certification period. All assets shall be documented on the application in sufficient detail to allow a determination of equity value to be made.

At the interview, the household shall report any changes in assets that have occurred since the application form was completed or that are anticipated to occur. Assets owned at the time of the interview shall be used to determine if the household's countable assets are within eligibility standards.

363.120: Jointly Owned Assets

- (A) Assets owned jointly by separate households shall be considered available in their entirety to each household unless the applicant or recipient household can demonstrate that the asset is inaccessible to that household. If the household has access to only a portion of the asset, the value of that portion shall be counted toward the household's asset level. The entire asset shall be deemed unavailable or inaccessible to the household only when the asset cannot practically be subdivided and the household's access to the value of the asset is dependent on the agreement of a joint owner who refuses to comply. For purposes of this section, ineligible aliens or disqualified individuals residing with the household shall be considered household members.
- (B) Jointly owned assets shall be considered inaccessible to persons residing in shelters for battered women and children, as defined in 106 CMR 365.550, if:
- (1) the assets are jointly owned by such persons and by members of their former household; and
 - (2) the person's access to the value of the asset is dependent on the agreement of a joint owner who still resides in the former household.

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363.130: Countable Assets

Countable assets are all those that must be included in determining the total value of the household's assets. If an asset is jointly owned, the value available to the household shall be determined in accordance with Section 363.120. Assets shall be distinguished from income as defined in Section 363.200.

Assets that shall be counted in the determination of financial eligibility include, but are not limited to, the following:

(A) Cash

(1) Definition

Cash is currency, checks, or bank drafts in the possession of, or available to, the household.

(2) Verification

The amount of cash shall be countable at application, recertification, and when a change is reported.

The household member's declaration on the application stating the amount of cash available to the household shall be sufficient evidence.

(B) Bank Deposits

(1) Definition

Bank deposits are deposits in a bank, savings and loan institution, credit union, or other financial institution. Bank deposits may be in the form of savings, checking, trust accounts, term certificates, or other types of accounts.

Funds in a bank account shall be considered available only to the extent that the household has both ownership of and access to the funds.

(2) Joint Accounts

If a household member is a co-holder of a joint bank account the entire amount on deposit shall be considered available as an asset unless the applicant or recipient demonstrates otherwise.

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A household member who states that (s)he is not the owner, or is only partial owner, of the funds shall be required to demonstrate the ownership of the funds. A household member who states that (s)he has no access, or only partial access to the funds, shall be required to demonstrate such lack of access.

(3) Verification of Access to and Ownership of Bank Deposits

If lack of either access to or ownership of the funds in the account is verified, the funds shall not be considered available as an asset.

Verification that a household member lacks access to and ownership of the funds may be demonstrated by the household member having his or her name removed from the account. If the household member cannot remove or chooses not to remove his or her name from the account then lack of either access or ownership must be verified.

- a. Prior to determining lack of ownership, there shall be a determination of whether the household member has access to the account. (See 363.140(F): Inaccessible Assets). If lack of access is demonstrated, the funds are not available.

If the verification submitted does not demonstrate lack of access, the worker shall proceed to determine ownership.

- b. Verification that the household member lacks ownership of, or has only partial ownership of, the funds in the account shall be demonstrated by at least two (2) of the following:
1. Documents showing the origin of the funds, who opened the account, or whose money was used to open the account;
 2. Documentation through federal or state tax records as to which of the joint account holders declares the tax on the interest credited to the account as income;
 3. Records of who makes deposits and withdrawals and, if appropriate, of how withdrawn funds are spent;
 4. Any reasonable evidence of written or oral agreements made between the parties listed on the account or by someone who established or contributed to the account, with respect to the ownership of the funds in the account;

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5. When the household member states that (s)he does not own the account but is listed as a co-holder solely as a convenience to the other co-holder to conduct bank transactions on his or her behalf, evidence of the age, relationship, physical or mental condition, or place of residence of the co-holder shall be provided;
6. Evidence as to why the household member is listed on the account;
7. A signed, notarized statement from the household member and from at least one of a) other individuals listed in the joint account or b) a person who established or contributed to the account, stating that the applicant or recipient had no knowledge of the existence of the account; or
8. If only one (1) of the above is available and if the other individual(s) listed on the account is unavailable or is unable or unwilling to provide a statement, the second proof may be a signed statement from the applicant or recipient attesting under penalties of perjury as to the ownership of funds in the account.

A document or piece of evidence submitted to verify a particular fact shall not count as more than one verification under the above subsections. However, a document, piece of evidence or a statement may address more than one fact needed for verification.

If a household member would be required to pay to obtain documents or other verification and no other method of verification is available, the Department, if it determines the document is necessary, shall obtain the documents.

(4) Verification of Account Balances

Verification of the current balance of each account is mandatory prior to initial certification, at recertification, and at times of reported change.

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The amount on deposit shall be verified by bank books or bank statements that show the bank balance within forty-five (45) days of the date of initial certification or the recertification date.

If at recertification the household member declares a balance of twenty five dollars (\$25) or less in an account, other than a checking account, verification shall not be required provided a balance of twenty-five dollars (\$25) or less was verified for the same account at the last eligibility determination and the account balance, in combination with other countable assets, would not affect continued eligibility. The household's declaration shall be recorded in the case record.

If lack of either access to, or ownership of, funds in an account is verified, the funds shall not be considered a countable asset.

(C) Securities

(1) Definition

Securities are stocks, bonds, options, futures, contracts, debentures, mutual and money market fund shares, government, bank, corporate or promissory notes, and other financial instruments. Tradeable securities are valued at the most recent closing bid price, and non-tradeable securities are valued at current equity value. A security for which there is no market or which is inaccessible shall be noncountable.

(2) Verification

Verification of the current value of each security is mandatory at application, recertification, and when a change is reported. The number of securities owned shall be substantiated by the written statement of the household.

Any one (1) of the following shall be sufficient verification of the value of the security:

- (a) a statement from the individual, corporation, licensed stockbroker, bank, or government agency that issued the security.
- (b) a clipping from a current daily newspaper showing the date and closing bid price.

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(c) a statement from any bank or other financial services institution able to verify the current value of a particular security.

(d) documentation from a current financial publication.

A claim that a particular security has no market value shall be verified by one of the verifications listed above.

A claim that a particular security is inaccessible shall be verified by:

1. a copy of the original legal instrument that established the inaccessibility; or
2. relevant legal or financial statements that document the inaccessibility of the security, if the original legal instrument is not available.

(D) Individual Retirement Accounts and Keogh Plans

(1) Definition

An Individual Retirement Account (IRA) is a tax deductible savings program that sets aside money for retirement. Funds in an IRA are counted as an asset in their entirety less the amount of penalty for early withdrawal.

A Keogh Plan is a retirement plan established by a self-employed individual. A Keogh Plan may be established for the self-employed individual alone or for the self-employed individual and his or her employees. If the Keogh Plan was established for the self-employed individual alone, the funds in the Plan are counted as an asset in their entirety less the amount of penalty for early withdrawal. If the Keogh Plan was established for employees who are not household members as well as for the self-employed individual, the funds are not counted as an asset.

(2) Verification

Verification of the current value of the IRA or Keogh Plan is mandatory prior to initial certification, at recertification, and when a change is reported.

The amount of the funds available to the household shall be verified by a written statement from the financial institution, dated within forty-five (45) days of the application or recertification date.

(E) Nonrecurring Lump Sum Payments

(1) Definition

Money received in the form of a nonrecurring lump sum payment includes, but is not limited to, income tax refunds; rebates or credits; retroactive lump sum Social Security benefits, public assistance, and railroad retirement benefits; lump sum insurance settlements; and refunds of security deposits on rental property or utilities. These payments shall be counted as an asset in the month received, unless specifically exempt as an asset in Section 363.140.

When the receipt of the lump sum payment puts a household's total assets over the asset eligibility limit, the worker shall notify the household and shall allow the household to update its entire asset statement. If the household declines to update the asset information, the worker shall begin action to terminate the household's eligibility in accordance with Section 366.200.

(2) Verification

Lump sum payments shall be verified by one of the following:

- (a) a copy of the benefit or award letter;
- (b) a copy of the check or payment document;
- (c) a written statement from the agency or person making the payment.

(F) Licensed Vehicles

(1) Definition

A licensed vehicle is a vehicle that is currently registered with a municipal, state or federal licensing board. A licensed vehicle is a countable asset unless it is exempted by Section 363.140(C).

If the vehicle is not exempt, the countable asset value available to the household shall be one (1) of the following:

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- a. The fair market value over forty-five hundred dollars (\$4,500) if the equity value of the vehicle is exempt. The equity value of the following licensed vehicles is exempt.
 1. One (1) vehicle per household regardless of use.
 2. A vehicle used to transport a household member (or an ineligible alien or disqualified non-household member whose assets are being considered available to the household) to and from employment, or to and from training or education that is preparatory to employment, or to seek employment in compliance with job search requirements. A vehicle customarily used to commute to and from work shall be covered by this equity exclusion, during temporary periods of unemployment.
- b. The greater of the following two (2) amounts if the equity value is not exempt.
 1. the fair market value over \$4,500; or
 2. the equity value of the vehicle.

(2) Determination of Fair Market Value

Fair market value is the price for which the vehicle will sell on the open market. Fair market value shall be determined by one (1) of the following and in the following order of preference:

- a. The wholesale value (for cars and trucks) and finance value (for recreational vehicles) tables in the most recent vehicle valuation book that is used by the Department; or
- b. the low value in an older car valuation book (for cars and trucks); if the car or truck is too old to be listed in an older car valuation book, it shall be assigned a value of \$250; or
- c. the written appraisal of a licensed automobile dealer who deals with classic, custom made or antique vehicles if the vehicle is considered a classic, custom made, or antique; or

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- d. for recreational vehicles the projected loan value as quoted by a bank or other lending institution; documents showing the value of the vehicle for insurance purposes; or a written estimate of the cash value of the vehicle from a licensed recreational vehicle dealer.

(3) Determination of Equity Value

Equity value is determined by subtracting the outstanding balance of any loans, liens or legal encumbrances from the fair market value of the vehicle. The household must be informed in writing of the right to dispute the valuation.

(4) Verification of Fair Market and Equity Values

Fair market and equity values are verified prior to initial certification and/or recertification if the information provided by the household is questionable and affects the household's eligibility.

If the fair market value, in combination with other assets, exceeds the Food Stamp asset limitation, the Department shall notify the household of the method by which the value was determined and the procedures to rebut the valuation.

(5) Optional Equipment

If a vehicle is specially equipped with apparatus for the handicapped, has low mileage, or has other optional equipment, these factors shall not increase the value of the vehicle.

(6) Household's Right to Dispute Valuation

If the household disputes the valuation assigned by the Department, it may rebut the amount by submitting evidence such as the written estimate of a licensed automobile dealer; at least two current newspaper advertisements showing the amount for which like vehicles are being sold; or a more recent and/or different vehicle valuation book.

(G) Unlicensed Vehicles

(1) Definition

An unlicensed vehicle is a vehicle that is not required by law to be registered with a licensing board. It also includes vehicles in subsection 363.130(F) that are not registered by the household but that would be required to be registered if currently in use.

The equity value of an unlicensed vehicle is a countable asset unless exempted by subsection 363.140(D).

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(2) Determination of Equity Value

The equity value of an unlicensed vehicle is determined in accordance with subsection 363.130 (F).

(3) Verification of Equity Value

The equity value of an unlicensed vehicle is verified in accordance with subsection 363.130 (F).

(4) Optional Equipment

If a vehicle is specially equipped with apparatus for the handicapped, has low mileage or has other optional equipment, these factors shall not increase the value of the vehicle.

(5) Household's Right to Dispute Valuation

If the household disputes the valuation assigned by the Department, it may rebut the amount by submitting evidence such as the written estimate of a licensed automobile dealer; at least two current newspaper advertisements showing the amount for which like vehicles are being sold; or a more recent and/or different vehicle valuation book.

(H) Land or Buildings(1) Definition

The equity value of all land or buildings not exempt under subsections 363.140(A) and (E) shall be counted in the determination of household eligibility.

Equity value is the fair market value less encumbrances.

(2) Verifications

The fair market value and equity value of all countable land and buildings owned by the household exclusive of the home and lot as defined in Section 363.140 (A) shall be verified prior to initial certification and at recertification when the information provided by the household is questionable and affects the household's eligibility or benefit level.

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Fair market value shall be verified by a copy of the most recent tax bill or the property tax assessment that was most recently issued by the taxing jurisdiction, provided the assessment is not:

- . a special purpose assessment;
- . based on a fixed rate per acre method; or
- . based on an assessment ratio or providing only a range.

In the event that a current property tax assessment is not available or the household wishes to rebut the fair market value determined by the Department, a comparable market analysis or written appraisal of the value of the land or buildings from a knowledgeable source shall establish the fair market value. A knowledgeable source shall be a licensed real estate agent or broker, a real estate appraiser, bank, savings and loan association, or similar organization, or an official of the local real property tax jurisdiction. The household shall be notified in writing of procedures to rebut the Department's fair market value determination.

If the lender is an organization, the verification of encumbrances on the land or buildings shall be by copies of loan instruments or other documents which evidence the outstanding balance of the loan. If the lender is an individual, the amount of the encumbrance shall be verified either by a copy of the loan instrument and a signed statement from the lender setting forth the payment schedule and outstanding balance of the loan, or other documents which evidence the outstanding balance of the loan.

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The following assets are not countable when determining the total value of assets available to a household.

(A) Home and Lot

The home and surrounding property that is not separated from the home by intervening property owned by others is noncountable.

- (1) Property separated from the home by a public right of way, such as a road, is noncountable.
- (2) The home and surrounding property shall remain noncountable when temporarily unoccupied for reasons of employment, training for employment, illness, vacation, or uninhabitability caused by casualty or natural disaster, provided the household intends to return.
- (3) The value of a lot purchased (or in the process of being purchased) to build a home is noncountable if the household does not already own a home. If the new home is partially completed, the value of the partially completed home is also noncountable.

(B) Household and Personal Goods, Life Insurance and Pension Funds

Household goods and personal effects, including one burial lot per household member, are noncountable assets. The cash value of life insurance policies is noncountable provided the insurance policies are not cashed. Pension funds are noncountable assets unless the pension is an Individual Retirement Account (IRA) or a Keogh Plan. IRAs and Keogh Plans are discussed in 106 CMR 363.130(D).

(C) Licensed Vehicles

The following licensed vehicles are noncountable.

- (1) A vehicle used over 50% of the time for income producing purposes such as, but not limited to, a taxi, truck, or fishing boat.

A licensed vehicle that has previously been used by a self-employed household member engaged in farming, but is no longer used over 50% of the time in farming because the household member has terminated his or her self-employment from farming, shall continue to be excluded as an asset for one year from the date the household member terminated his or her self-employment from farming.

- (2) A vehicle that, on an annual basis, produces income consistent with its fair market value even if used on a seasonal basis.

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- (3) A vehicle used for long distance travel other than for daily commuting that is essential to the employment of a household member, ineligible alien or a disqualified nonhousehold member. Such vehicles include those used by a traveling salesperson or by a migrant farm worker following the work stream.
- (4) A vehicle used as the household's home.
- (5) A vehicle necessary to transport a physically disabled household member (or a physically disabled ineligible alien or disqualified nonhousehold member whose assets are being considered available to the household) regardless of the purpose of such transportation. The vehicle need not be used primarily by or for the disabled person and need not have special equipment. A vehicle shall be considered necessary for the transportation of a physically disabled household member if the vehicle is specially equipped to meet the specific needs of the disabled person or if the vehicle is a special type of vehicle that makes it possible to transport the disabled person. Only one vehicle per physically disabled household member is excludable.
- (6) Property, real or personal, to the extent that it is directly related to the maintenance or use of a vehicle excluded in (C)(1), (2), or (5), above. Only that portion of real property determined necessary for maintenance or use is excludable.

For example, a household that owns a produce truck to earn its livelihood may be prohibited from parking the truck in a residential area. The household may own a 100-acre field and use a quarter-acre of the field to park or service, or both, the truck. Only the value of the quarter-acre would be excludable, not the entire 100-acre field.

Licensed vehicles described in (1) through (4) above continue to be noncountable when the vehicle is not in use because of temporary unemployment such as when a taxi driver is ill or when a fishing boat is frozen in the water and cannot be used.

(D) Unlicensed Vehicles

The following unlicensed vehicles are noncountable.

- (1) A vehicle such as a fishing boat that annually produces income consistent with its fair market value, even if used only on a seasonal basis.
- (2) A vehicle such as a farm tractor that is essential to the employment or self-employment of a household member.

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(3) A vehicle driven by tribal members on an Indian reservation that is not required to be licensed under the regulations of that reservation.

(4) A vehicle used as the household's home.

(E) Income Producing Property

Income producing property is a noncountable asset when it is essential to employment or self-employment, or when it annually produces income consistent with its fair market value. The income derived from such property shall be countable.

(1) Property essential to the employment or self-employment of a household member includes the following:

- a. work-related equipment such as the tools of a tradesperson or the machinery of a farmer; and
- b. property such as farm land.

Property essential to the self-employment of a household member engaged in farming shall continue to be excluded for one year from the date the household member terminates his or her self-employment from farming.

Property that is noncountable because it is essential to employment or self-employment need not produce income consistent with its fair market value.

(2) Property that annually produces income consistent with its fair market value, even if used only on a seasonal basis, is noncountable. Such property includes rental homes and vacation homes. Income shall be considered consistent with fair market value if the income produced is as much as the property could reasonably be expected to produce and is comparable with income produced by similar property in the same area.

When it is necessary to determine if property is annually producing income consistent with its fair market value, the worker shall contact local realtors, local tax assessors, the Small Business Administration, or other similar sources to determine the prevailing rate of return. An example of the prevailing rate of return is square-foot rental for similar usage of property in the area.

If the worker determines that the property is not annually producing income consistent with its fair market value (for instance, the property is being leased for a token payment), the equity value of the property shall be counted as an asset. Equity value shall be determined in accordance with 106 CMR 363.130(H).

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Installment contracts for the sale of land or buildings must annually produce income consistent with their fair market value. This exemption shall also apply to the value of property sold under the installment contract or held as security in exchange for a purchase price that is consistent with the fair market value of the property.

(F) Inaccessible Assets(1) Requirements

When the cash value of an asset is not accessible to the household, the asset is exempt in determining eligibility for food stamps.

Inaccessible assets include, but are not limited to, security deposits on rental property or utilities, property in probate, property that the household is making a good faith effort to sell at a reasonable price and that has not been sold, and irrevocable trust funds.

- (a) Any funds in a trust or transferred to a trust, and the income produced by that trust to the extent it is not available to the household, shall be considered inaccessible to the household if all of the conditions listed below are met.
- (1) The trust arrangement is not likely to terminate during the certification period and no member of the household has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period.
 - (2) The trustee administering the trust is either (a) a court or an institution, corporation, or organization that is not under the direction or ownership of any household member; or (b) an individual appointed by the court who has court-imposed limitations placed on his or her use of the funds; or (c) an individual whose responsibilities are governed by the terms of the irrevocable trust and who is not under the direction or control of any household member.
 - (3) Trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction, or influence of a member of the household.
 - (4) Funds held in an irrevocable trust shall be considered inaccessible to the household if the funds are either (a) established from the household's own funds, if the trustee uses the funds solely to make investments on

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behalf of the trust or to pay the educational or medical expenses of any person named by the household creating the trust, or (b) established from nonhousehold funds by a nonhousehold member.

(2) Verifications

Verification of the inaccessibility of an asset is mandatory at certification or whenever circumstances regarding the accessibility of the asset have changed. The following documents shall be used, as appropriate, to verify inaccessibility.

- (a) A copy of the original legal instrument that established the inaccessibility of the asset;
- (b) Relevant legal or financial statements that document the inaccessibility of the asset, if the original legal instrument is not available.
- (c) Documents that demonstrate that the household member has unsuccessfully attempted to convert the assets into cash.
- (d) Any other documents that show inaccessibility.
- (e) Documents showing how the holder's name(s) appears on the bank account or security.
 - (i) If the account is titled A or B, both individuals have full access to the account;
 - (ii) If the account is titled A and B, neither individual has access to the account without the consent of the co-holder. The household member must submit a written statement from the co-holder denying such consent. If the household member is unable to obtain such a statement, he or she may submit an affidavit stating that he or she does not have the co-holder's consent;
 - (iii) If the account is titled A in trust for B, or A for B, A has full access to the account and B has no access to the account;
 - (iv) If the account title contains only one name, that individual has full access to the account.
- (f) Lack of access to a joint or individual account may also be demonstrated by proof that the household member does not possess the bank book (or term certificate) and cannot obtain it and that bank policy prohibits withdrawal of the funds without the passbook.

If the household member demonstrates lack of ownership, inaccessibility to the asset or both, the asset is not con-

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sidered in the determination of eligibility.

(G) Assets of Nonhousehold Members

The assets of a nonhousehold member shall be disregarded when determining the eligibility of the remaining household members except when the nonhousehold member is a disqualified nonhousehold member in accordance with 106 CMR 361.230(D). The assets of disqualified nonhousehold members must be considered in accordance with 106 CMR 365.500. The noncountable assets listed in 106 CMR 363.140 are also exempt for disqualified nonhousehold members.

(H) Other Noncountable Assets

(1) Earmarked Assets

Any governmental payments that are designated for the restoration of a home damaged in a disaster are noncountable provided the household is subject to a legal sanction if the funds are not used as intended. Noncountable assets include payments made by the Department of Housing and Urban Development through the Individual and Family Grant Program or disaster loans or grants made by the Small Business Administration.

(2) Assets Prorated as Income

Assets that have been prorated as income, such as student loans or assets of self-employed persons, are noncountable.

(3) Certain Indian Lands

Indian lands held jointly with the tribe, or land that can be sold only with the approval of the Department of the Interior's Bureau of Indian Affairs are noncountable as an asset.

(4) Assets Exempt by Law

Certain assets are noncountable for food stamp purposes by a specific provision in federal law. The following is a listing of some of the assets excluded by federal law.

(a) Payments received under the Alaska Native Claims Settlement Act or the Sac and Fox Indian claims agreement; payments received from the disposition of funds to the Grand River Band of Ottawa Indians; payments received by the Confederated Tribes and Bands of the Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation from the Indian Claims Commission; payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980; and payments of relocation assistance to members of the Navajo and Hopi Tribes.

(b) Payments received by certain Indian tribal members,

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regarding submarginal land that is held in trust by the United States.

- (c) Benefits received from the special supplemental food program for Women, Infants, and Children (WIC).
- (d) Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970.
- (e) Earned income tax credits received before January 1, 1980, as a result of the Revenue Act of 1978, Public Law 95-600.
- (f) Payments or allowances made to or on behalf of a household for energy assistance under any federal, state, or local law. These payments or allowances must be clearly identified as energy assistance by the legislative body authorizing the program or providing the funds.
- (g) Financial assistance provided by a program funded in whole or in part under Title IV of the Higher Education Act in accordance with Public Law 99-498.
- (h) Nonliquid asset(s) against which a lien has been placed as a result of taking out a business loan and the household is prohibited by the security or lien agreement with the lienholder (creditor) from selling the asset(s).
- (i) Payments up to \$20,000 per person for eligible individuals of Japanese ancestry or their survivors under the Civil Liberties Act of 1988, and payments up to \$12,000 per person for eligible Aleuts (who were former residents of the Aleutian and Pribilof Islands) or their survivors under the Aleutian and Pribilof Islands Restitution Act, Public Law 100-383.
- (j) Agent Orange Settlement Fund payments made to Vietnam veterans or their survivors, in accordance with Public Law 101-201, effective January 1, 1989.

(5) Assets of SSI and AFDC Recipients

The assets of a household member(s) shall be considered exempt for food stamp purposes if that household member(s) receives benefits under one or more of the following titles of the Social Security Act: Title XVI (SSI); Titles I, II, X, or XIV for the aged, blind, or disabled; or Title IV-A (AFDC).

(I) Treatment of Exempt Funds

- (1) Exempt funds that are kept in a separate account shall retain their exemption for an unlimited period of time.

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- (2) Exempt funds that are commingled in an account with other funds shall retain their exemption for six months from the date they are commingled, except that the assets of students and self-employment households that are exempted by 106 CMR 363.140(H)(2) shall retain their exemption for the period of time over which they have been prorated as income. After six months from the date of commingling, all funds in the commingled account shall be counted as an asset.

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Transfer of assets made by a household member, ineligible alien, or disqualified nonhousehold member in the three months prior to application or any time during a household's certification period may result in household disqualification.

(A) Transfers Resulting in Disqualification

At the time of application, households shall be asked to provide information regarding any assets that a household member (or ineligible alien or disqualified nonhousehold member whose assets are being considered available to the household) has transferred within the three-month period immediately preceding the date of application. Households that have transferred assets knowingly for the purpose of qualifying for or attempting to qualify for food stamp benefits shall be disqualified from participation in the Program for up to one year from the date of the discovery of the transfer. This disqualification period shall be applied if the assets are transferred knowingly in the three-month period prior to application or if they are transferred knowingly after the household is determined eligible for benefits. An example of the latter would be assets that the household acquires after being certified and that are then transferred to prevent the household from exceeding the maximum asset eligibility limit. When action is taken to disqualify a currently certified household, advance notice of adverse action and the right to continued benefits pending a hearing decision shall be provided to the household. The notice shall also include the reasons for and length of the disqualification.

(B) Transfers Not Resulting In Disqualification

Eligibility for the Food Stamp Program shall not be affected by a transfer of assets in the following cases:

- (1) the asset would not otherwise affect eligibility; for example, excluded personal property such as furniture or money that when added to other countable household assets was less than the allowable limits at the time of the transfer;
- (2) the assets are sold or traded at or near fair market value;
- (3) the assets are transferred between members of the same household including ineligible aliens or disqualified nonhousehold members; and
- (4) the assets are transferred for reasons other than qualifying or attempting to qualify for food stamp benefits; for example, a parent placing funds in an educational trust fund.

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(C) Determination of Intent

The Department must demonstrate that the household transferred the asset(s) for the purpose of obtaining or maintaining eligibility for the Food Stamp Program.

The Department shall base its determination on whether the household had knowledge of the Food Stamp Program, and retained sufficient assets after the transfer was completed to provide for its care and support considering such factors as the household size, living arrangement, and age and health of the members of the household.

(D) Period of Disqualification

The length of the disqualification period is based on the amount by which the countable transferred asset, when added to other countable assets, exceeds the allowable asset limit. For example, if a one-person household with \$1,750 in a bank transferred ownership of a car worth \$5,000, only \$250 of that transfer would be counted because the \$4,500 of the car's value was exempt and an additional \$250 of the transferred asset was applied toward the \$2,000 asset limit. The following chart will be used to determine the period of disqualification:

<u>Amount in Excess of the Asset Limit</u>	<u>Period of Disqualification</u>
\$ 0 - 249.99	1 Month
250 - 999.99	3 Months
1,000 - 2,999.99	6 Months
3,000 - 4,999.99	9 Months
5,000 - and up	12 Months

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All income to the household, from whatever source, shall be counted when determining a household's eligibility and benefit level except when specifically excluded below. The income considered is that received during the period of certification. Because this period extends into the future, the income considered is usually income which is anticipated by the household. (Categorically eligible households, in accordance with Section 365.180, do not have to meet either the gross or net income eligibility standards.)

363.210: Verification of Income(A) Initial Application

The existence and amount of all gross nonexempt income shall be verified prior to certifying a household as eligible to participate in the Food Stamp Program. However, when all attempts to verify the income have been unsuccessful because the third party providing the income has failed to cooperate with the household and the worker, and all other sources of verification are unavailable, the worker shall determine an amount to be used for certification purposes based on the best available information. If the household has no income, a statement from the household that it has no income shall be acceptable verification.

(B) Recertification

Verification of income at recertification will be the same as at initial application with the exception of AFDC and RRP food stamp cases subject to AFDC/RRP Monthly Reporting. These cases shall not be required to submit verification of income at redetermination.

(C) Reported Changes

The verification requirements of a reported change are discussed in Section 366.120.

(D) Verification of Excluded Income

Excluded income (such as loans) may be verified if the information given by the household is inconsistent with statements made by the applicant, other information on the application or previous applications, or with information known to the worker.

(E) Unreported Income

In addition to verifying reported income, the worker may have occasion to explore the possibilities of unreported income during the interview. When the applicant states that he or she has no earnings or other income during the interview, and the applicant is employable, or it appears he or she may be eligible for other benefits such as Social Security, Unemployment Compensation, or public assistance, it may be necessary to verify that he or she is

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not receiving income from such sources. Additional situations in which the possibility of unreported income should be investigated include, but are not limited to: difficulty finding the head of the household at home, seasonal employment in an area that is at its peak season, or shelter costs higher than reported income, provided that nothing in this section shall limit the ability of the Department to verify information from other government agencies.

(F) Expenses Exceeding Income

A household's report of expenses that exceed its income may be grounds for a determination that further verification is required. However, this circumstance shall not, in and of itself, be grounds for a denial. The worker shall instead explore with the household how it is managing its finances, whether the household receives excluded income or has assets, and how long the household had managed under these circumstances.

(G) Methods of Verifying Income

Documentary evidence is the primary source of income verification as defined in Subsection 361.640(A). If other types of verification are used, the worker shall document in the case record why an alternate source was needed. However, where all attempts to verify the income have been unsuccessful because the person or organization that is responsible for providing documentation of the income has failed to cooperate with the household and the worker, and all other sources of verification are unavailable, the worker shall determine an amount to be used for certification purposes based on the best available information.

When verifying that income is exempt as a loan, a legally binding agreement is not required. A simple statement signed by both parties that indicates that this payment is a loan and must be repaid is sufficient verification. However, if the household receives payments on a recurrent or regular basis from the same source but claims the payments are loans, the worker may also require that the provider of the loan sign an affidavit that states that repayments are being made or that payments will be made in accordance with an established repayment schedule.

(1) Earned Income

Following are examples of documents that can be used to verify earned income provided the verification shows the gross wages.

Earned income shall be verified by pay stubs, or pay envelopes or a written statement signed by an employer.

Self-employment income (Sections 365.900 through 365.970) shall be verified by business records, tax returns and other appropriate documents showing gross income and the total business expenses associated with the gross income earned.

(2) Unearned Income

Following are examples of documents that can be used to verify unearned income.

- a. From Applicant - Social Security award letter (changes in benefits will not always be reflected), unemployment compensation award letter, pension award notice, Veterans Administration award notice, correspondence on benefits, Income Tax records, Railroad Retirement award letter, support and alimony payments evidenced by court order, divorce or separation papers, contribution checks.

- b. From Others

Social Security (Form SSA-1610), SDX files, Social Security District Office files, Division of Employment Security, employer's records, union records, Workers Compensation records, Veterans Administration, insurance company records, tax records, Railroad Retirement Board records.

Trans. by S.L. 962

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363.220: Countable Income

For food stamp purposes, countable income must be categorized as either earned or unearned.

(A) Earned Income(1) Wages

All wages and salaries paid to an employee are counted as earned income.

(2) Self-Employment

The total gross income from a self-employment enterprise, including the total gain from the sale of any capital goods or equipment related to the business, excluding the cost of doing business, is counted as earned income. Payments from roomers and boarders are classified as earned self-employment income. Income from rental property shall be considered earned self-employment income only if a household member actively engages in the management of the property at least an average of 20 hours per week.

(3) Training Allowances

Training allowances from vocational and rehabilitative programs recognized by federal, state, or local governments, such as the Department's AFDC employment and training program to the extent they are not a reimbursement, are counted as earned income.

(4) Certain Payments to Volunteers

Payments under Title I (including VISTA, University Year for Action and Crime and Prevention Program) of the Domestic Volunteer Service Act of 1973, as amended, shall be considered earned income except for payments made in accordance with 106 CMR 363.230(K).

(5) Job Training Partnership Act (JTPA) Earnings

Earnings of individuals 19 years of age or older who are participating in on-the-job training programs under the JTPA are counted as earned income. For the purpose of this provision, earnings include monies paid by the JTPA and monies paid by the employer.

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(B) Unearned Income

Any income that is not earned is unearned. This includes, but is not limited to, the following unearned income.

(1) Assistance Payments

Income from public assistance programs, such as Aid to Families with Dependent Children (AFDC), Refugee Resettlement Program (RRP), General Relief (GR), or other assistance programs based on need, is counted as unearned income.

(2) Pensions and Social Security

Annuities, pensions, retirement, veterans' or disability benefits, Workers' or Unemployment Compensation, Social Security (RSDI) and SSI benefits, and strike benefits are counted as unearned income. Foster care payments are counted as unearned income to the foster care household when the foster care child or adult is included in the foster care household's food stamp household.

(3) Support and Alimony

Support and alimony payments made directly to the household from nonhousehold members are counted as unearned income.

Support and alimony payments of up to \$50 per month received as an AFDC-Related Benefit by a household with an AFDC/RRP member shall count as unearned income.

(4) Educational Loans, Grants, Scholarships

Educational loans on which payment is deferred, grants, scholarships, fellowships, veterans' educational benefits and the like in excess of amounts excluded in Subsections 363.230(D) and (F) are counted as unearned income.

(5) Grants, Interest Payments

Payments from government-sponsored programs such as the Agricultural Stabilization and Conservation Service Programs, dividends, interest, royalties, and all other direct money payments from any source whatever which can be construed to be a gain or benefit are counted as unearned income.

(6) Rental Income

Income from rental property shall be counted as unearned income unless a household member actively engages in the management of the property an average of at least 20 hours per week.

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Money withdrawn from trust funds that are excluded from assets under the provisions of Section 363.140(E) shall be considered income in the month received unless otherwise exempt under Section 363.230. Dividends from excluded trust funds, which the household has the option of either receiving as income or reinvesting in the trust, are to be considered income in the month they become available to the household, whether collected by the household or reinvested in the trust, unless otherwise exempt under Section 363.230.

(8) Deemed Sponsor Income for Sponsored Aliens

For households containing sponsored aliens, portions of the income of the sponsor and the sponsor's spouse, if living with the sponsor, shall be deemed as unearned income to the household in accordance with Section 365.300.

(C) Garnishments, Managed Income and Certain Vendor Payments(1) Garnisheed Wages

Wages earned by a household member that are garnisheed or diverted by an employer, and paid to a third party for a household's expenses, such as rent, are considered earned income. However, if the employer pays a household's rent directly to the landlord in addition to paying the household its regular wages, this rent payment is excluded as a vendor payment. In addition, if the employer provides housing to an employee the value of the housing is not to be counted as income.

(2) Managed Income

All or part of a PA grant, which would normally be provided as money payment to the household, that is diverted to a third party(s) or to a protective payee for the purpose of managing a household's expenses is counted as unearned income. However, payments by the Department that would not normally be provided in a money payment to the household, and that are over and above normal public assistance grants are excluded as a vendor payment if they are made directly to a third party for a household expense. This rule applies even if the household has the option of receiving a direct cash payment.

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(3) Certain Vendor Payments

Monies that are legally obligated and otherwise payable to the household, but which are diverted by the provider of the payment to a third party for household expenses, are counted as unearned income and not excluded as a vendor payment. The distinction is based on whether or not the person or organization making the payment on behalf of a household is using funds that otherwise are payable to the household. Funds include wages earned by a household member and owed to the household, a PA grant to which a household is legally entitled, and support or alimony payments in amounts that are legally obligated to a household member. Even if an employer, agency, or former spouse who owes these funds to a household diverts them to a third party to pay for a household expense, these payments are still counted as income to the household. However, if an employer, agency, former spouse or other person makes payments for household expenses to a third party from funds that are not legally obligated to the household, the payments are considered vendor payments and excluded from income.

(4) Certain Recouped Monies

Monies withheld from a public assistance grant or repaid by the recipient to the public assistance program are considered countable unearned income if the following conditions apply:

- a. the monies are voluntarily or involuntarily withheld or returned to repay a prior overpayment that was caused by the household intentionally failing to comply with the requirements of another federal or state needs-based welfare program, such as AFDC, RRP, GR, or SSI;

NOTE: An intentional failure is the result of misrepresentation or willful withholding of information by the household.

- b. the overpayment is not considered excluded income as stated in Section 363.230; and
- c. a Bureau of Special Investigation (BSI) Referral response has been received for AFDC, RRP, and GR.

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The following payments are not income for food stamp purposes and should be disregarded when determining a household's eligibility and benefit level.

- a. Child support payments made to AFDC recipients that must be assigned to the Department by the recipient under Title IV-D of the Social Security Act (Child Support Enforcement) to maintain AFDC eligibility are not considered income.
- b. Monies withheld from a public assistance grant or repaid by the recipient to any income source (earned or unearned) or monies received from any income source (earned or unearned) are not considered income if the following conditions apply:

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1. the monies are voluntarily or involuntarily withheld from or returned to the income source to repay a prior overpayment that was caused by any reason other than the household intentionally failing to comply with the requirements of another federal or state needs-based welfare program, such as AFDC, RRP, GR, or SSI; and
2. the overpayment is not considered excluded income as stated in Section 363.230.

363.230: Excluded Income

Only the following kinds of income will be excluded when determining a household's eligibility and benefit level. All other payments received by household members are considered countable income.

(A) In-Kind Income

Any gain or benefit, not in the form of money and payable directly to the household, is excluded from income. For example, meals, clothing, public housing, or produce from a garden would be excluded from income.

(B) Vendor Payments

A vendor payment is a money payment that is not payable directly to the household, but is paid to a third party for a household expense.

A vendor payment is excluded from income whenever a person or organization outside of the household uses its own funds to make a direct payment to a household's creditors or to a person or organization providing a service to the household. The following are examples of excluded vendor payments.

- a. If a relative or friend who is not a household member pays the household's rent from his or her own funds directly to a landlord, the payment is considered a vendor payment and excluded from income.
- b. Rent or mortgage payments (housing subsidies) made to landlords or mortgagees by the Department of Housing and Urban Development (HUD), or by state or local housing authorities on behalf of a household are excluded vendor payments.
- c. Payments made under the Emergency Assistance (EA) and Emergency Relief (ER) programs are excluded vendor payments.

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*Excluded
if excluded
Income*

d. Payments for household expenses that are made to a third party and are not legally owed to the household shall be considered excluded vendor payments. The following are examples of such excluded vendor payments.

- (1) If an employer pays an employee's rent directly to the landlord in addition to paying the employee his or her regular wages, the rent payment shall be considered an excluded vendor payment. Also, if the employer provides housing to an employee, the value of the housing shall be an excluded vendor payment.
- (2) Payments specified by a court order or other legally binding agreement to go directly to the third party rather than to the household, and support payments not required by a court order or other legally binding agreement (including payments in excess of amount specified in a court order or written agreement) that are paid to a third party rather than the household shall be considered excluded vendor payments.

e. Payments made by a government agency to a child care institution to provide day care to a household member are excluded vendor payments.

In summary, only monies or payments that are not legally owed to the household can qualify as excluded vendor payments. If the monies or payments paid to the third party are legally owed to the household, they are not excluded.

Educational loans on which payment is deferred, grants, scholarships, fellowships, veterans' educational benefits, and the like that are provided to a third party on behalf of the household for living expenses, such as rent or mortgage, personal clothing, or food eaten at home, shall be treated as money payable directly to the household and shall not be excluded as a vendor payment.

(C) Infrequent Irregular Incomes

Any income in the certification period that is received too infrequently or irregularly to be reasonably anticipated, but not in excess of \$30 in a quarter, is excluded.

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- (1) Educational loans on which payment is deferred, grants, scholarships, fellowships, federally subsidized work-study, veterans' educational benefits, and the like, from any source, to the extent that they are made available for tuition and mandatory school fees at an institution of post-secondary education, including correspondence schools at that level, or a school at any level for the physically or mentally handicapped, are excluded from income.

Mandatory fees are those that the institution providing the course of study charges to all students or to all students within a certain curriculum. For example, uniforms, lab fees, or equipment charged to all students to enroll in a chemistry course would be excluded.

An institution of post-secondary education is any public or private educational institution that admits persons who are beyond the age of compulsory school attendance in the state in which the institution is located or normally requires a high school diploma or equivalency certificate for enrollment. The institution must be legally authorized or recognized by the state to provide an educational program beyond secondary education in the state or to provide a training program that will prepare students for gainful employment.

- (2) Origination fees and insurance premiums on student loans are excludable charges. Only the amount of the loan after these charges have been excluded is to be considered income.
- (3) Educational loans on which payment is deferred, grants, scholarships, fellowships, and federally subsidized work-study funded in whole or in part under Title IV of the Higher Education Act to the extent they are made available to the student for books, supplies, transportation, and any other expenses necessitated by school attendance are excluded from income.
- (4) Educational and dependent-care payments made under the Carl D. Perkins Act to the extent they are made available to the student for books, supplies, transportation, dependent care, and any other expenses necessitated by school attendance are excluded from income in accordance with Public Law 101-392, effective July 1, 1991.
- (5) Nonfederal (state, local, or private) deferred payment educational loans, grants, scholarships, and veterans' educational benefits are also excludable to the extent that the grantor specifically earmarks portions or all of such income as provided for educational expenses, such as travel or books, but not for living expenses, such as rent or mortgage, personal clothing or food eaten at home.

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All loans, including loans from private individuals as well as commercial institutions, other than educational loans on which payment is deferred, are excluded from income. This includes money received from a loan secured by the equity in the home of an individual who is aged 60 or over (so-called "reverse mortgage").

(F) Reimbursements(1) Definition of Excluded Reimbursements

Reimbursements, for past or future expenses, to the extent they do not exceed actual expenses and do not represent a gain or benefit to the household are excluded from income. Reimbursements for normal living expenses of the household, such as rent or mortgage, personal clothing, or food eaten at home, are a gain or benefit and, therefore, are not excluded. To be excluded, these payments must be provided specifically for an identified expense, other than normal living expenses, and used for the purpose intended.

(2) Examples of Excluded Reimbursements

- a. Reimbursements or flat allowances, including reimbursements made to the household under 106 CMR 362.350(K), for job training related expenses, such as travel, per diem, uniforms, and transportation to and from the job or training site that are provided over and above basic wages for these expenses, are excluded. However, these expenses, if not reimbursed, are not otherwise deductible. Reimbursements for the travel expenses of migrant workers are also excluded.
- b. Reimbursements for out-of-pocket expenses of volunteers incurred in the course of their work are excluded.
- c. Medical or dependent care reimbursements are excluded.
- d. Nonfederal reimbursements or allowances to students for specific educational expenses, such as travel or books, are excluded. (Allowances for normal living expenses, such as food eaten at home, rent or mortgage, or personal clothing, are counted.) Portions of a general grant or scholarship must be specifically earmarked by the grantor for educational expenses, rather than for living expenses, to be excluded as a reimbursement.
- e. Reimbursements received by households to pay for services provided by Title XX of the Social Security Act are excluded. Title XX reimbursements for normal living expenses are not excluded under this provision.

= not excluded

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- f. Any annual allowance earmarked by the Department for children's clothes is excluded, provided the Department does not reduce the monthly assistance grant for the month the school clothing allowance is issued.
- g. Reimbursements made to the household under 106 CMR 362.350(K) for expenses necessary for participation in an education component under the FS/ET program.

(3) Reimbursements for Multiple Expenses

When a reimbursement, including a flat allowance, covers multiple expenses, each expense does not have to be separately identified as long as none of the reimbursement covers normal living expenses.

(4) Reimbursements Exceeding Expenses

The amount by which a reimbursement exceeds the actual incurred expense shall be counted as income. However, reimbursements shall not be considered to exceed actual expenses, unless the provider or the household indicates the amount is excessive.

(5) Nonallowable Reimbursements

The following shall not be considered allowable as reimbursements.

- a. Any portion of benefits provided under Title IV-A of the Social Security Act (AFDC), to the extent such benefits are attributed to an adjustment for work-related or dependent-care expenses (except for payments or reimbursements for such expenses made under an employment, education or training program initiated under such title after September 19, 1988).
- b. Any portion of any federal educational loan, grant, scholarship, fellowship, veterans' educational benefit and the like to the extent it provides income assistance beyond that used for tuition, mandatory school fees, origination fees and insurance premiums on student loans, books, supplies, transportation, and any other expenses, necessitated by school attendance as specified in 106 CMR 363.230(D).
- c. Portions of any nonfederal (state, local, or private) educational loan, grant, scholarship, fellowship, veterans' educational benefit, and the like that is provided for living expenses. To be excluded, such nonfederal assistance must be specifically earmarked by the grantor for education expenses, such as travel, books, or supplies, but not for living expenses, such as food eaten at home, rent or mortgage, or personal clothing.

(G) Monies Received for Third Parties

Monies received and used for the care and maintenance of a third party beneficiary who is not a household member are excluded from income. If the intended beneficiaries of a single payment include both household and nonhousehold members, any identifiable portion of the payment intended and used for the care and maintenance of the nonhousehold member shall be excluded. If the nonhousehold member's portion cannot be readily identified, the payment shall be evenly prorated among intended beneficiaries and the exclusion applied to the nonhousehold member's pro rata share or the amount actually used for the nonhousehold member's care and maintenance, whichever is less.

(H) Earnings of Children

The earned income of children who are members of the household, students at least half-time and under eighteen, is excluded from income. This exclusion continues during temporary interruptions in school attendance due to semester or vacation breaks, provided the child's enrollment will resume following the break. If the child's earnings or the amount of work performed cannot be differentiated from that of the other household members, the total earnings shall be prorated equally among the working members and the child's pro rata share excluded. Individuals are considered children for this exclusion if they are under the parental control, financial or otherwise, of a household member.

(I) Nonrecurring Lump Sum Payments

Money received in the form of nonrecurring lump sum payments is noncountable income. For example, tax refunds, rebates or credits, retroactive lump sum Social Security or SSI benefits, PA payments, Railroad Retirement benefits, retroactive lump sum insurance settlements, refunds of security deposits on rental property and utilities are noncountable income. These payments shall be counted as an asset in the month received unless exempt from consideration as an asset in accordance with Section 363.140.

(J) The Cost of Producing Self-Employment Income

The cost of producing self-employment income is excluded from income in accordance with Sections 365.900 through 365.970.

(K) Income Excluded by Law

Certain income is excluded for food stamp purposes by specific provisions in federal law. The following is a current listing of income excluded by federal law.

- (1) Reimbursements from the Uniform Relocation Assistance and the Real Property Acquisition Policy Act of 1970.

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- (2) Payments received under the Alaska Native Claims Settlement Act; payments by the Indian Claims Commission to the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation; payments to the Passamoquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980; income from the disposition of funds to the Grand River Bank of Ottawa Indians; and payments of relocation assistance to members of the Navajo and Hopi Tribes.
- (3) Any payment to volunteers under Title II (RSVP, Foster Grandparents, and others) of the Domestic Volunteer Services Act of 1973 as amended. Payments under Title I of this Act (including VISTA, University Year for Action, and Urban Crime Prevention Program) to volunteers shall be excluded for those individuals receiving food stamps or public assistance at the time they joined the Title I program. Households that are receiving an exemption for a Title I subsistence allowance at the time of conversion to the Food Stamp Act of 1977 shall continue to receive that exemption for the length of their volunteer contract in effect at the time of conversion. Temporary interruptions in food stamp participation shall not alter the exclusion once an initial determination has been made.
- (4) Income derived from certain submarginal land of the United States held in trust for certain Indian tribes.
- (5) Allowances, earnings, and other payments (including reimbursements) made to individuals, other than those in 106 CMR 363.220(A)(5), participating in programs under the Job Training Partnership Act (JTPA) of 1982, Public Law 97-300.
- (6) Advance payments of earned income tax credits made to the household under section 3507 of the Internal Revenue Code of 1986.
- (7) Payments or allowances made to or on behalf of a household for energy assistance under any federal, state, or local law. These payments or allowances must be clearly identified as energy assistance by the legislative body authorizing the program or providing the funds.
- (8) Funds received by individuals under the Older American Community Service Employment Program pursuant to the Older Americans Act Amendments of 1987, Public Law 100-175.
- (9) Cash donations based on need that are received from one or more private nonprofit charitable organizations, not in excess of \$300 aggregate per quarter, pursuant to the Charitable Assistance and Food Bank Act of 1987, Public Law 100-232.

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- (10) Payments up to \$20,000 per person for eligible individuals of Japanese ancestry or their survivors under the Civil Liberties Act of 1988, and payments up to \$12,000 per person for eligible Aleuts (who were former residents of the Aleutian and Pribilof Islands) or their survivors under the Aleutian and Pribilof Islands Restitution Act, Public Law 100-383.
- (11) Agent Orange Settlement Fund payments made to Vietnam veterans or their survivors, in accordance with Public Law 101-201, effective January 1, 1989.

(L) Income of Nonhousehold Members

The income of a nonhousehold member shall be excluded when determining the eligibility of the remaining household members, except when the nonhousehold member has been disqualified in accordance with 106 CMR 361.230. The income of a disqualified nonhousehold member must be considered in accordance with 106 CMR 365.520.

(M) Payments Made to FS/ET Participants

Any payment made to an FS/ET participant under 106 CMR 362.350(K) for costs that are reasonably necessary and directly related to participation in the FS/ET program. These costs include, but are not limited to, dependent care costs, transportation, and other expenses related to work, training or education, such as uniforms, personal safety items or other necessary equipment, and books or training manuals. These costs shall not include the cost of meals away from home. Also, the value of any dependent care services provided for or arranged under 106 CMR 362.350(K) would be excluded.

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364.050: Introduction

Upon receipt of a completed application, including all required verification and documentation, the worker must determine if the household is eligible to participate in the Food Stamp Program.

For eligible households, the worker must calculate the household's benefit level. The benefit level is the monthly allotment of food stamps the household is eligible to receive.

364.100: Month of Application

The month of application is the month in which the household applies. Generally, the month of application will be the first month of the household's certification period.

364.110: Initial Applications

For most households submitting an initial application, eligibility will be based on the household's circumstances for the entire month of application.

- (A) If the worker finds a household ineligible for the month of application, but eligible in the following month(s) because of anticipated changes, the same application shall be used to deny benefits for the month of application and to approve benefits for the following month(s). Even though denied for the month of application, the household does not have to reapply to receive benefits for the month(s) following the month of application. The worker shall use the month of ineligibility, however, as the first month of the household's certification period.

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- (B) If the worker finds a household eligible for the month of application, but ineligible in the following month(s) because of anticipated changes, the household shall be paid benefits for the month of application even if the allotment is not issued until the following month.
- (C) If the worker finds that an eligible household's allotment for the month of the application is different from the household's allotment in the following month(s) because of anticipated changes, he or she shall vary the household's basis of issuance within the certification period to reflect the anticipated changes, unless the household elects to have its income averaged over the certification period.

364.120: Recertifications

Eligibility for recertifications shall be based on circumstances anticipated for the certification period starting the month after the current certification period expires. If an application for recertification is submitted after the household's certification period has expired, that application shall be considered an initial application and benefits for that month shall be prorated in accordance with Section 364.650.

If the household submits an application for recertification prior to the end of its certification period but is found ineligible for the first month following the end of the certification period, then the first month of any subsequent participation shall be considered an initial month. Conversely, if the household submits an application for recertification prior to the end of its certification period and is found eligible for the first month following the end of the certification period, then that month shall not be an initial month.

Any household that receives a Notice of Food Stamp Termination at the time of certification, as discussed in Section 366.310, shall not be subject to proration for the first month of its new certification period if the deadline for filing an application for recertification falls after the end of their current certification period.

If a household is requested to provide missing verifications by a specified time (at least 10 calendar days after the request) that ends after its current certification period, and it complies and is otherwise eligible, it shall not be subject to proration for the first month of its subsequent certification period.

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364.200: Determining Assets

The household's assets at the time of the initial interview shall be used to determine the household's eligibility. (See 106 CMR 363.000 through 363.150).

364.300: Determining Income

All income received or anticipated to be received during the certification period must be considered when determining the household's eligibility and benefit level. The worker shall determine the household's monthly countable income.

364.310: Income Anticipated in the Certification Period

To determine a household's eligibility and benefit level, the worker shall take into account the income already received by the household during the certification period and any anticipated income the household and the worker are reasonably certain will be received during the remainder of the certification period. If the amount of income that will be received or when it will be received is uncertain, that portion of the household's income that is uncertain shall not be counted by the worker. For example, a household anticipating income from a new source, such as a new job or a recent application for public assistance benefits may be uncertain as to the timing and amount of the initial payment. These monies shall not be anticipated by the worker as countable income unless there is reasonable certainty of the amount of the payment and the month in which payment will be received. If the exact amount of the income is not known, that portion of it which is anticipated with reasonable certainty is considered income. Where receipt of income is reasonably certain but the monthly amount may fluctuate, the household may elect to income average.

364.320: Anticipating Income

Income received during the previous four (4) consecutive weeks shall be used as an indicator of anticipated income. If income fluctuates to the extent that a consecutive four (4) week period alone cannot provide an accurate indication of anticipated income, the worker and the household may use a longer period of past time as an indicator of future income.

In no event shall the worker automatically attribute to the household the amounts of any past income, nor shall the worker use past income as an indicator of anticipated income when changes in income have occurred or can be anticipated during the certification period.

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(A) Income from Steady Employment

The four (4) consecutive weeks prior to initial certification or prior to the recertification date shall be used as an indication of anticipated income in the month of application and subsequent months, unless:

- (1) the household can verify that a change in income has occurred;
- (2) the worker and the household are reasonably certain that a change in income is anticipated; or
- (3) some other method is used to determine income as described in subsections 364.320 (B) and (C) and 364.340.

(B) Income from Hourly and Piecework Employment

When income is received on an hourly wage or piece work basis, weekly income may fluctuate if the wage earner works less than eight (8) hours some days or is required to work overtime on others. In this case, the worker should consult with the household to determine the "normal" amount of income to be expected as a result of one (1) week's work. This amount should be used to determine monthly income.

(C) Income from Seasonal Employment

In cases where the household's income is seasonal, the worker may find it more appropriate to use the income from the most recent earning season comparable to the certification period, rather than the four (4) consecutive weeks prior to the application/recertification date as an indicator of anticipated income. The worker shall exercise particular caution in using income from a past season as an indicator of income for the certification period. In many cases of seasonally fluctuating income, the income also fluctuates from one season in one year to the same season in the next year.

364.330: Income Counted in the Month Received

Income anticipated during the certification period shall be counted as income only in the month it is expected to be received, unless the income is averaged. Nonrecurring lump sum payments are counted as an asset starting in the month received and not counted as income.

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In some cases income averaging is required. In other cases, the household may elect to average fluctuating income over the certification period. In any destitute household case, income shall not be averaged. Whenever a full month's income is anticipated but is received on a weekly or biweekly basis, the worker shall convert the income to a monthly amount by multiplying weekly amounts by $4 \frac{1}{3}$ or by 4.333 and biweekly amounts by 2.167.

(A) Mandatory Income Averaging(1) Annual Income in Shorter Period

Households that derive their annual income in a period of time shorter than one year shall have their income averaged over a twelve (12) month period, provided the income is not received on an hourly or piecework basis. These households may

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include school employees, share croppers, farmers and other self-employed households, but not migrant or seasonal farm workers. For a detailed discussion of self-employed households, see Section 365.900.

- (2) Educational Grants, etc. Households receiving scholarships, deferred education loans, or other educational grants shall have such income, after exclusions, averaged over the period for which it was provided. See Section 365.700 for a detailed discussion of student households.
- (B) Optional Income Averaging. Households, except destitute households, may choose to have their income averaged over the certification period. The number of months used to arrive at the average monthly income need not be the same as the number of months in the certification period. For example, if fluctuating income over the previous three months is known and the worker is reasonably certain that this income is representative of the fluctuations anticipated in the coming months, the income from the three known months may be averaged over a certification period of longer than three months.
- (C) Assistance Payments. Households receiving state or federal assistance payments, such as AFDC, GR, SSI, or Social Security payments, on a recurring, monthly basis shall not have their monthly income from these sources varied merely because mailing cycles may cause two payments to be received in one month and none in the next month.
- (D) Withheld Wages. Wages held at the request of the employee shall be considered income to the household in the month the wages would otherwise have been paid by the employer. However, wages held by the employer as a general practice, even if in violation of law, shall not be counted as income to the household, unless the household anticipates that it will ask for and receive an advance, or the household anticipates that it will receive income from previously held wages that were not previously counted as income by the worker. When reasonably anticipated, advances on wages shall count as income in the month received.

364.350: Determining Income for Special Situation Households

Determining income for PA households, categorically eligible households, student households, striker households, households with income from self-employment and other households with special circumstances are discussed in Section 365.000 et seq.

364.360 Child Support Income Counted in the Month After Receipt

Households with an AFDC/RRP household member that receive a child support payment of up to \$50 monthly as an AFDC Related Benefit from the Child Support Enforcement Unit (Section 305.900), shall have the amount used in the calculation of benefits for the month after receipt.

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364.370: Determining Eligibility Based on Gross Income

Households must meet the gross income standard, except for households containing elderly or disabled member(s) meeting the requirements of 106 CMR 361.200(B) or categorically eligible households, in accordance with 106 CMR 365.180. The household's gross income minus the exclusions listed in 106 CMR 363.230 must be compared to the Maximum Gross Monthly Income Standard for the appropriate household size in accordance with 106 CMR 364.950. If this countable gross income is greater than the standard, the household is ineligible. If the countable gross income is equal to or less than the standard, the household's net income eligibility must be determined in accordance with 106 CMR 364.550.

Households that contain an elderly or disabled member meeting the requirements of 106 CMR 361.200(B) who are not categorically eligible, in accordance with 106 CMR 365.180, must have their income eligibility based solely on net income in accordance with 106 CMR 364.550.

364.400: Determining Deductions

There are five deductions from income. No other deductions are allowed.

(A) Standard Deduction

A standard deduction of \$127 per month is allowed for each household.

(B) Earned Income Deduction

Twenty percent of gross monthly earned income is allowed as a deduction. No additional deduction(s) from earned income shall be made. Excluded earned income is not subject to this deduction.

(C) Excess Medical Deduction

Medical expense(s) in excess of \$35 per month are allowed as a deduction when the expense is incurred by an elderly or disabled household member who meets one of the requirements of 106 CMR 361.200(B). Spouses and other household members are not eligible for this deduction. Special diets are not an allowable medical expense. Only the following are allowable medical expenses.

- (1) Medical and dental care, including psychotherapy and rehabilitation services provided by a licensed practitioner or other qualified health professional.

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- (2) Hospitalization (inpatient or outpatient) or nursing home care in a State recognized facility and nursing care. Payments made by the household for an individual who was a food stamp household member immediately prior to entering a hospital or nursing home are an allowable deduction under this provision.
- (3) Prescription drugs when prescribed by a licensed practitioner; over-the-counter medical medication, including insulin, when approved by a licensed practitioner or other qualified health professional; and the cost of medical supplies, sickroom equipment (including rental) or other prescribed equipment.
- (4) Health and hospitalization insurance policy premiums. The premiums for health and accident policies such as those payable in lump sum settlements for death or dismemberment and the premiums for income maintenance policies such as those that continue mortgage and loan payments while the beneficiary is disabled are not deductible.
- (5) Medicare premiums.
- (6) Any cost-sharing or spend-down expenses incurred by Medicaid recipients.
- (7) Dentures, hearing aids and prosthetics.
- (8) Securing and maintaining a seeing eye dog or hearing dog including the cost of dog food and veterinarian bills.
- (9) Eye glasses prescribed by a physician skilled in eye disease or by an optometrist.
- (10) Reasonable cost of transportation and lodging to obtain medical treatment or services.
- (11) Maintaining an attendant, homemaker, home health aide, housekeeper or child care services which are necessary due to age, infirmity, or illness. When these services qualify as either a medical deduction or a dependent care deduction, the expense is treated as a medical deduction. In addition to the actual expense of these services, an amount equal to a one (1) person coupon allotment shall be deducted if the household furnishes a majority of meals to the person providing the service. The allotment for this meal related deduction is that in effect at the time the household is given the deduction. If the allotment amount changes during a certification period, the total deduction amount must be updated to reflect the new allotment amount no later than the household's next scheduled recertification.

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Payment for the actual costs of the care of a child or other dependent when necessary for a household member to accept or continue employment, or to attend training or education preparatory to employment is allowed as a deduction. See 106 CMR 364.410. This deduction shall not exceed \$160 per month for each dependent.

(E) Shelter Deduction(1) Homeless Households

The Department shall use a standard estimate of the shelter expenses for households in which all members are homeless and incur or reasonably expect to incur shelter expenses during the month. The standard estimate is \$132 per month.

- (a) All homeless households that incur or reasonably expect to incur shelter costs during a month shall be eligible for the standard estimate unless higher shelter costs are verified. In this case, the household may use the actual shelter costs. If a homeless household has difficulty obtaining traditional types of verification of shelter costs, the worker shall use prudent judgment in determining if verification obtained is adequate.
- (b) Homeless households that incur no shelter costs during the month shall not be eligible for the standard estimate.
- (c) A homeless household that uses the standard estimate is not entitled to the Standard Utility Allowance (SUA) since average utility costs are included in the estimate.

(2) Other Households

Shelter
W max = \$200
A deduction is allowed for monthly shelter expenses in excess of 50% of the household's income after all of the above deductions have been allowed. The shelter deduction shall not exceed \$200 per month. This limit on the shelter deduction amount does not apply if the household contains a member who meets one of the requirements of 106 CMR 361.200(B). A shelter deduction is allowed only for the following expenses.

- (a) Continuing charges for the shelter occupied by the household, including rent, mortgage, or other continuing charges leading to the ownership of shelter, such as loan repayments for the purchase of a mobile home, including interest on such payments.
- (b) Property taxes, state and local assessments, and insurance on the structure itself, but not the separate expense of insuring furniture or personal belongings.

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- (c) Charges for heating, cooling, and cooking fuel; electricity; water and sewerage; garbage and trash collection fees; the basic service fee for one telephone, including tax on the basic fee; and fees charged by the utility provider for initial installation of the utility. One-time deposits shall not be included as shelter costs.
- (d) The above shelter expenses for a home not actually occupied by the household because of employment or training away from home, illness, or abandonment of the home due to natural disaster or casualty loss. Shelter expenses for a vacated home are included in the shelter deduction only when the household intends to return to the home; the current occupants of the home, if any, are not claiming a shelter deduction for food stamp purposes; and the home is not leased or rented during the absence of the household.
- (e) Charges for repair of a home substantially damaged in a natural disaster such as fire or flood are allowed as a shelter deduction unless the repair charge has been or will be reimbursed by private or public relief agencies, insurance companies or from any other source.

(F) Utility Allowance

A household that incurs the cost of at least one of the following utilities separately and apart from its rent or mortgage is eligible for a utility deduction: heating, cooking, electricity, water, sewerage, garbage and trash collection and basic telephone fee and tax. If a household does not incur the cost of any of these utilities, the household is ineligible for a utility allowance, except for households that receive payments made under the Low Income Home Energy Assistance Act (LIHEAA) of 1981. Households that receive LIHEAA benefits are deemed to have incurred out-of-pocket energy expenses and are eligible for the heating SUA. Homeless households that are eligible for and use the standard estimate for shelter expenses are not entitled to any SUA. See 106 CMR 364.400 (E)(1).

If the household incurs at least one of these expenses, the amount of the utility allowance shall be determined. First, determine which standard utility allowance in accordance with (1), below, applies to the household. Second, determine whether that standard utility allowance must be prorated in accordance with (2). Third, determine whether the result of (2) or the household's actual utility expenses will be used as the utility allowance in accordance with (3).

The amounts of the standard utility allowances and their prorated amounts are listed in 106 CMR 364.945.

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(1) The Three Standard Utility Allowances

Choose one of three
R Only one of the following standard utility allowances applies to any household or group of households depending on individual circumstances as described below:

(a) Heating Standard Utility Allowance

The heating standard utility allowance applies to a household that incurs heating costs separately and apart from its rent or mortgage and that is billed for heating costs on a regular basis. A household living in a public housing unit that has central heating meters and that charges the household for excess heating costs shall not be permitted to use this allowance. A household that incurs electricity costs to power an electric blower that distributes heat from an oil or gas furnace shall not be permitted to use this allowance.

Recipients of energy assistance payments made under the LIHEAA of 1981 are entitled to use of the heating SUA because they are deemed to have incurred out-of-pocket energy expenses.

A household that receives indirect energy assistance payments, made under a program other than LIHEAA, but continues to incur out-of-pocket heating expenses during any month covered by the certification period, is still eligible to use the heating standard utility allowance. A household that receives energy assistance payments (other than LIHEAA) shall have its energy assistance payment(s) prorated over the entire heating season that the payment is intended to cover to determine whether the household incurs any out-of-pocket heating expenses.

The heating standard utility allowance includes the following expenses: heating, cooking, electricity, water, sewerage, cooling, garbage and trash collection, the basic fee for one telephone and tax, and initial utility installation fee.

b. Nonheating Standard Utility Allowance

The nonheating standard utility allowance applies to a household that does not qualify for the heating SUA because it incurs no heating costs separately and apart from its rent or mortgage, but does incur at least one of the following costs separately and apart from its rent or mortgage: cooking, electricity, water, sewerage, cooling, and garbage and trash collection.

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This standard utility allowance includes the following expenses: cooking, electricity, water, sewerage, cooling, garbage and trash collection, the basic fee for one telephone and tax, and initial utility installation fee.

c. Telephone Standard Utility Allowance

The telephone standard utility allowance applies to a household that incurs a telephone cost but incurs none of the following costs separately and apart from its rent or mortgage: heating, cooking, electricity, water, sewerage, and garbage and trash collection. This standard utility allowance includes the basic fee for one telephone and tax, and initial installation fee.

(2) Proration of the Standard Utility Allowances

If a household lives with another household or households, one standard utility allowance shall be divided equally among the households that contribute to meeting utility costs whether or not each household participates in the Food Stamp Program. Only one standard utility allowance shall apply for the group of households living in the same residence. See 106 CMR 364.945 for these prorated amounts.

(3) When Actual Utility Expenses Exceed the Standard Utility Allowance

Households must be informed of the difference between using the standard utility allowance or the actual utility expenses and when they may switch between the SUA and the actual utility expenses.

(a) At Initial Certification

At initial certification, households that claim that their actual utility expenses are higher than the standard utility allowance and that using the actual utility expenses would result in an increased benefit level must verify the utility expenses. When the actual utility expenses are not verified in time to meet the 30-day application processing standard, the appropriate standard utility allowance shall be used in determining the household's eligibility and benefit level.

When the actual utility expenses are verified by the household, the household's benefit level shall be recalculated. This recalculation is not considered a change in utility allowance since the household claimed actual expenses at initial certification.

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Households that are entitled to claim the telephone standard utility allowance, in accordance with 106 CMR 364.400(F)(1)(c), are not entitled to an increased deduction for actual telephone costs that exceed the telephone standard utility allowance.

(b) At Recertification

The household has the right to switch between the use of the actual utility expenses and the standard utility allowance at any recertification. (See 106 CMR 361.610(C).)

If a household that is using actual utility expenses fails to verify the expenses, the appropriate standard utility allowance shall be used in determining the household's eligibility and benefit level. The benefit level shall be recalculated when the household provides the verification. This recalculation is not considered a change in utility allowance.

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The worker determines which claimed expenses are deductible and their amounts.

(A) Limitations on Deductible Expenses

The allowable expenses for medical care, dependent care and shelter are described in Section 364.400. Education expenses and the cost of doing business for the self-employed are income exclusions and are to be handled in accordance with Subsection 363.230(D) (student households) and Subsection 363.230(J) (self-employed households).

(B) Types of Nondeductible Expenses

- (1) No claimed expense is an allowable deduction unless the household makes a money payment for the service and the service is provided by someone outside the food stamp household.
- (2) Any expense covered by a reimbursement or vendor payment which is excluded from income, except an energy assistance vendor payment made under the Low Income Home Energy Assistance Act (LIHEAA), is not an allowable deduction. For example, if a household pays no rent because an excluded vendor payment is made to the landlord on behalf of the household, the rent expense is not an allowable shelter deduction.
- (3) A medical expense or that portion of a medical expense for which the applicant or recipient receives reimbursement is not an allowable medical deduction. For example, if a third-party insurer such as Medicare, reimburses a recipient for 80% of the billed expense, only the nonreimbursable 20% of the total medical expense is included as part of the household's medical deduction. The nonreimbursable portion is allowed as a medical deduction when reimbursement is received or the amount of reimbursement can be otherwise verified.

(C) Households With Disqualified Nonhousehold Members

Deductible expenses of households with disqualified nonhousehold members shall be determined in accordance with Section 365.500.

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The worker must make a reasonable prediction of the amount the household expects to be billed during the certification period for allowable medical, dependent care, and shelter expenses. Anticipation of the expense is based on the most recent month's bills unless the household is reasonably certain a change will occur. When the household is claiming actual utility expenses, the worker may anticipate changes during the certification period based on last year's bills from the same period updated by overall price increases. If only the most recent bill is available, utility cost increases or decreases over the months of the certification period may be based on utility company estimates for the type of dwelling and utilities used by the household. The worker shall not average past expenses as a method of anticipating utility expenses for the certification period.

364.430: Expenses Deducted in the Month Due

Except for expenses the household elects to average, the expense is deducted in the month it is billed or otherwise becomes due, regardless of when the household intends to pay the expense. For example, rent which is due each month is included in the household's monthly shelter deduction even if the household does not pay the rent each month.

A particular expense may be deducted only once. Amounts carried forward from past billing periods are not deductible in a subsequent month even if included in the most recent billing or actually paid by the household in the most recent billing period.

364.440: Averaging Expenses

Households may elect to average fluctuating or one (1) time deductible expenses instead of taking a deduction in the month the expense is billed or otherwise becomes due.

- (A) Except for medical expenses one (1) time only expenses are averaged over the entire certification period in which they are billed regardless of when the expense is reported by the household. One (1) time only medical expenses which are reported during a certification period may be taken as a one (1) time deduction or averaged forward over the remaining months of the certification period. If the household elects to average the expense, the averaging begins the month the change becomes effective.
- (B) Expenses billed less often than monthly are averaged forward over the interval between scheduled billings. If there is no scheduled interval between billings, the expense is averaged forward over the period the expense is intended to cover. For example, if a household receives a single bill in February for a (3) three month supply of fuel oil, the household may elect to average the deductible amount over the months of February, March and April instead of taking a one (1) time deduction.
- (C) Expenses billed more often than monthly must be converted to a monthly amount. To convert these expenses to a monthly amount the worker must multiply weekly amounts by $4 \frac{1}{3}$ or 4.333 and bi-weekly amounts by 2.167.

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Multiply the gross earned income by 80% to determine the net monthly earned income.

(C) Unearned Income

Add the total monthly unearned income of all household members, minus income exclusions, to the net monthly earned income.

(D) Standard Deduction

Subtract the standard deduction of \$127.

(E) Medical Expenses

Total the allowable medical expenses, less reimbursements (e.g., by a third-party insurer) for those household members who meet one of the requirements of 106 CMR 361.200(B). If these costs exceed \$35 per month, go to the next step. If these costs are \$35 or less, go to (G), below.

(F) Medical Deduction

Subtract that portion of the medical expenses that exceeds \$35 per month.

(G) Dependent Care Deduction

Subtract monthly dependent care expenses, if any, up to \$160 for each dependent. See 106 CMR 364.400(D) and 364.410.

(H) Excess Shelter Expense

Total the allowable shelter expenses. Subtract 50% of the household's preliminary adjusted net income (monthly income after all the above deductions have been subtracted) from the total shelter expenses. The remaining amount, if any, is the excess shelter expense. If there is no excess shelter expense, the household's net monthly income has been determined. If there is excess shelter expense, go to the next step.

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(I) Shelter Deduction

Subtract the full amount of the excess shelter expense if the household contains an elderly or disabled member who meets one of the requirements of 106 CMR 361.200(B). For all other households, subtract the excess shelter expense up to the maximum deduction amount. The maximum deduction amount for shelter is \$200 per month. The household's net monthly income has been determined.

364.550: Determining Eligibility Based on Net Income

All households must meet the net income standard, except for categorically eligible households, in accordance with 106 CMR 365.180.

Households that contain no elderly or disabled member meeting the requirements of 106 CMR 361.200(B) must also meet the gross income standard in accordance with 106 CMR 364.370. Households that contain an elderly or disabled member meeting the requirements of 106 CMR 361.200(B) must have their income eligibility based solely on net income standards.

To determine eligibility with regard to net income standards, the household's net income must be compared to the Maximum Allowable Monthly Net Income Standards for the appropriate household size in accordance with 106 CMR 364.970. If the net income is greater than the standard, the household is ineligible. If the net income is equal to or less than the standard, the household is eligible with regard to net income.

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Page 364.450364.450: Verification of Deductible Expenses at Initial Certification(A) Utility Expenses

Households must be informed of the difference between using the standard utility allowance or the actual utility expenses and when they may switch between the SUA and the actual utility expenses (see Subsection 361.610(C)). Households that claim that actual utility expenses are higher than the standard utility allowance and that using the actual utility expenses would result in an increased benefit level must verify the utility expenses. When the actual utility expenses are not verified in time to meet the 30-day application processing standard, the appropriate standard utility allowance shall be used in determining the household's eligibility and benefit level.

When the actual utility expenses are verified by the household, the household's benefit level shall be recalculated. This recalculation is not considered a change in utility allowance since the household claimed actual expenses at initial certification.

(B) Utility Expenses for Unoccupied Homes

Actual utility expenses for a home that is unoccupied because of employment or training away from the home, illness or abandonment caused by a natural disaster or casualty loss must be verified if use of the expenses claimed by the household would actually result in a deduction. The standard utility allowance cannot be used to determine the household's eligibility or benefit level. Other shelter expenses are verified only if questionable. The worker is not required to assist the household to obtain verification if the verification is from a source outside Massachusetts.

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(C) Medical Expenses

The amount of allowable medical expenses, including the amount of reimbursement (e.g., by a third-party insurer), must be verified prior to initial certification if use of the expenses would actually result in a deduction. Additional verifications relevant to the claimed medical expenses, such as the allowability of services provided or the eligibility of the person incurring the cost, are not required unless the information provided by the applicant or recipient is questionable (see 106 CMR 361.620).

(D) Other Expenses

Other deductible expenses are verified prior to initial certification only when questionable and use of the expense claimed by the household would actually result in a deduction.

If a deductible expense must be verified, but obtaining the verification would delay the household's certification, the worker must inform the household that it may elect to be certified without receiving a deduction for the claimed but unverified expense. If the household subsequently provides the missing verification the worker shall treat the information as a reported change and provide increased benefits, if any, in accordance with the timeliness standards for reported changes. The household is not entitled to lost benefits unless the expense could not be verified within the 30-day processing standard because the worker failed to allow the household at least 10 days from the date of the initial request to provide the verification or because the worker failed to provide the household assistance when required. Households ineligible because a claimed but unverified expense is disallowed must be sent a Notice of Pending/Denial on the 30th day following the date of application.

364.500: Determining Net Income

The net monthly income of destitute (migrant) households is calculated in accordance with the provisions of 106 CMR 365.820.

The following steps lead to the determination of net monthly income for all other households. The calculation is done using exact amounts with cents included throughout. All income, deductions and costs are to include cents, down to and including the monthly net income figure.

(A) Total Gross Earned Income

To determine gross monthly earned income, add the gross monthly income earned by all household members (including self-employment income) minus income exclusions. Net losses from a self-employed farmer shall be offset in accordance with Subsection 365.970(C).

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363.230

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Multiply the gross earned income by 80% to determine the net monthly earned income.

(C) Unearned Income

Add the total monthly unearned income of all household members, minus income exclusions, to the net monthly earned income.

(D) Standard Deduction

Subtract the standard deduction of \$122.

(E) Medical Expenses

Total the allowable medical expenses, less reimbursements (e.g., by a third-party insurer) for those household members who meet one of the requirements of 106 CMR 361.200(B). If these costs exceed \$35 per month, go to the next step. If these costs are \$35 or less, go to (G), below.

(F) Medical Deduction

Subtract that portion of the medical expenses that exceeds \$35 per month.

(G) Dependent Care Deduction

Subtract monthly dependent care expenses, if any, up to \$160 for each dependent. See 106 CMR 364.400(D) and 364.410.

(H) Excess Shelter Expense

Total the allowable shelter expenses. Subtract 50% of the household's preliminary adjusted net income (monthly income after all the above deductions have been subtracted) from the total shelter expenses. The remaining amount, if any, is the excess shelter expense. If there is no excess shelter expense, the household's net monthly income has been determined. If there is excess shelter expense, go to the next step.

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(I) Shelter Deduction

N/A Subtract the full amount of the excess shelter expense if the household contains an elderly or disabled member who meets one of the requirements of 106 CMR 361.200(B). For all other households, subtract the excess shelter expense up to the maximum deduction amount. The maximum deduction amount for shelter is \$194 per month. The household's net monthly income has been determined. 200

364.550: Determining Eligibility Based on Net Income

All households must meet the net income standard, except for categorically eligible households, in accordance with 106 CMR 365.180.

Households that contain no elderly or disabled member meeting the requirements of 106 CMR 361.200(B) must also meet the gross income standard in accordance with 106 CMR 364.370. Households that contain an elderly or disabled member meeting the requirements of 106 CMR 361.200(B) must have their income eligibility based solely on net income standards.

To determine eligibility with regard to net income standards, the household's net income must be compared to the Maximum Allowable Monthly Net Income Standards for the appropriate household size in accordance with 106 CMR 364.970. If the net income is greater than the standard, the household is ineligible. If the net income is equal to or less than the standard, the household is eligible with regard to net income.

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Once a household has been determined eligible for the Food Stamp Program considering both nonfinancial and financial eligibility standards, the worker must determine the household's benefit level or monthly allotment.

(A) Household Size - One to Eight

Refer to 106 CMR 364.980: Food Stamp Program Issuance Tables, to find the monthly allotment based on the household's monthly net income (including cents) and household size. The minimum monthly allotment for one-person and two-person households (noncategorically eligible households whose income is within the net income standards and all categorically eligible households) is \$10.

Categorically eligible households with three or more members who do not qualify for a benefit because their income exceeds the level at which benefits are issued cannot be denied. These households must be suspended, in accordance with 106 CMR 365.180.

(B) Household Size - Over Eight

- (1) Determine the maximum coupon allotment for the household size by adding \$83 for each person in excess of eight to the maximum coupon allotment for an eight-person household.
- (2) Determine the household's monthly net income in accordance with 106 CMR 364.500.
- (3) Multiply the household's monthly net income (including cents) by 30%. Drop any digits beyond the second decimal place. If the result is not whole dollars, round the result up to the next whole dollar.

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(4) Subtract this 30% amount from the maximum coupon allotment for the household size. The resulting amount is the household's monthly allotment, except in the following instances.

(a) If the calculated amount is one dollar, three dollars, or five dollars, the amount must be adjusted upward to two dollars, four dollars, or six dollars respectively, to determine the monthly coupon allotment.

(b) If the calculated amount is zero or less, the household is ineligible for benefits on the grounds that its net income exceeds the level at which benefits are issued.

364.650: Prorating Initial Month's Benefits

Benefits for a household's initial month shall be prorated.

An initial month is the first month for which a household is certified for participation in the Food Stamp Program following any period of time during which the household was not certified for participation, except for migrant and seasonal farmworker households.

For migrant and seasonal farmworker households, an initial month is the first month for which the household is certified for participation following any period of more than 30 days during which the household was not certified for participation. A migrant or seasonal farmworker household that has participated within 30 days prior to its application, shall be entitled to a full month's benefits.

Proration is the issuance of that portion of a household's monthly coupon allotment, as calculated in accordance with 106 CMR 364.600, which corresponds to the period of time from the date of application to the end of the month.

For a household with a monthly allotment of \$400 or less, the initial month's coupon allotment is determined by referring to 106 CMR 364.990. For a household with a monthly allotment greater than \$400, the initial month's coupon allotment is calculated as follows:

(A) Count the number of days from the first day of the household's cyclical month through the date of application, inclusive, to determine the day of the cyclical month. If the day of the cyclical month is 31, use the number 30 instead of 31. Subtract the day of the cyclical month from 31.

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Multiply the result by the household's monthly allotment. Divide the result of this by thirty (30).

- (B) If the result of (A) above, is not a whole dollar, round the result down to the next whole dollar by dropping cents.
- (C) If the result of (B) above, is less than ten dollars (\$10), no benefits shall be issued for the initial month.

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364.700: Assigning Certification Periods

Definite periods of time are established within which households are eligible to receive benefits. At the expiration of the certification period, benefits will be terminated without the right to a pretermination hearing for any household that fails, without good cause, to timely comply with its responsibilities for recertification (see 106 CMR 366.330).

(A) Conformance with Cyclical Months

Certification periods shall conform to cyclical months. At initial application, the first month in the certification period is generally the month of application, even if the household's eligibility is not determined until a subsequent month.

(B) Length of Certification Periods

Households shall be assigned the longest certification periods possible based on the predictability of the household's circumstances. As a result of anticipating changes, the household's level of benefits for the month of application may differ from its entitlement in subsequent months. The worker shall establish a certification period for the longest period possible over which the household's circumstances can be reasonably anticipated. The household's allotment shall vary month to month within the certification period to reflect changes anticipated at the time of certification, unless the household elects to average income or expenses or both. Households shall be certified for at least three (3) months except as specified in this section.

↓ see below

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364.710: Households Certification Periods

Households shall be assigned certification periods based on the predictability of change in the household circumstances. PA household certifications are in accordance with Section 365.140.

Households certified for three (3) months or less shall have the assigned certification period increased by one (1) month if the certification process is completed after the 15th day of the month of application and the household's circumstances warrant the longer certification period.

Households shall be certified for three (3) months, except for the following household circumstances.

(A) Households Experiencing Changes of Circumstances

Households shall be certified for one (1) or two (2) months as appropriate when the household cannot reasonably predict what its circumstances will be in the near future. For example, a household whose primary wage earner has just lost a job but may be reinstated or may begin receiving unemployment compensation within two (2) weeks would be certified for only one (1) or two (2) months.

(B) Unstable Households

Households shall be certified for one (1) or two (2) months when there is a substantial likelihood of frequent and significant changes in income or household status. For example, day laborers and migrant workers during the work season when income is uncertain and subject to extreme fluctuations due to the availability of employment or due to bad weather or other circumstances are considered unstable households.

(C) Stable Households

Households shall be certified for three (3) to six (6) months if there is little likelihood of changes in income deductions, or composition.

Unemployment compensation is not considered a stable income and the households circumstances are subject to change, therefore, the household shall be certified for three (3) months. Households with a fluctuating earned income or household circumstances shall be certified for three (3) months.

(D) Unearned Income Households

Households, except disabled or elderly households, whose primary source of income is unearned income, such as Social Security benefits, shall be certified for three (3) to six (6) months.

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Households consisting entirely of unemployable or elderly persons with a very stable income shall be certified for six to 12 months provided other household circumstances are expected to remain stable. An unemployable person is someone who is unable to work due to a disability and is receiving a disability benefit. For example, Social Security recipients, SSI recipients, and persons who receive pension or disability payments are considered unemployable or elderly households.

(F) Certain Self-Employed Households

Households whose primary source of income is from self-employment (such as self-employed farmers) or from regular farm employment with the same employer shall be certified for six to 12 months, provided income can be readily predicted and household circumstances are not likely to change. Annual certification periods may be assigned to farm workers who are provided their annual salaries on a scheduled monthly basis that does not change as the amount of work changes.

(G) Parent of Minor Child Granted Separate Household Status

The parent of a minor child(ren) who, together with such child(ren), is granted separate household status, in accordance with Subsection 361.200(A)(6), shall be assigned a certification period not to exceed six months.

364.720: Certification Periods for PA Households

PA households shall be assigned a 12-month certification period in accordance with Section 365.140 with the exception of households granted separate household status under the Parent of Minor Child Rule. The parent of a minor child(ren) household shall be assigned a certification period not to exceed six months.

364.800: Notification Requirements

The Department uses certain standard notification letters. These letters shall be used by all Department staff. No other notification letters may be used in place of or in addition to the letters described below.

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364.810: Notice of Eligibility

A Notice of Eligibility shall be sent to all applicant households determined eligible to participate in the Food Stamp Program and shall contain the following information.

(A) The amount of the monthly allotment including any variations in the allotment based on changes. If the initial allotment contains benefits for both the month of application and the current month's benefits, the notice shall explain that the initial allotment includes more than one month's benefits, and shall indicate the allotment amount for the remainder of the certification period.

(B) The notice shall advise PA households receiving food stamp benefits pending the approval of the PA grant that food stamp benefits will be decreased upon receipt of the PA grant.

(C) The beginning and ending months of the certification period. For households certified one or two months, the Notice of Eligibility shall be combined with the Notice of Recertification. For households certified 3 months or longer the notice shall include a reminder of the need to reapply for continued certification at the end of the certification period. For PA households the notice shall state that the household's certification period will expire the month after the next PA redetermination or in 1 year, which ever occurs first.

(D) The notice shall also advise the household of its right to a fair hearing, the telephone number of the food stamp office, and the name of the person to contact for additional information.

(E) The notice shall advise the household if there is an individual or organization available that provides free legal representation and the notice shall also advise the household of the availability of the services.

(F) The Department may include in the notice a reminder of the households' obligation to report changes in circumstance, or other information which would be useful to the household.

(G) The notice shall inform households whose application is approved on an expedited basis without verification that the household must provide the verification which was waived, and the consequences of the household's failure to produce this verification.

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364.820: Notice of Pending/Denial

A Notice of Pending/Denial shall be sent to households when a household's application is incomplete because some action by the worker or the household or both is necessary to complete the application process or when a household is determined ineligible for food stamp benefits. The Notice of Pending/Denial shall contain the following information.

(A) If some action by the worker is necessary to complete the application, the notice will inform the household that its application has not been completed and is being processed.

(B) If some action by the household is necessary to complete the application, the notice will inform the household that its application has not been completed and is being process, and what action the household must take to complete the application and that if the action is not taken within 60 days of the date the application was filed, food stamp benefits will be denied with no further notice to the household.

(C) If some action by both the household and the worker is necessary to complete the application, the notice will inform the household that its application has not been completed and what action the household must take before the application can be completed. The notice will also inform the household that if the action is not taken within 60 days of the date of application, food stamp benefits will be denied with no further notice to the household.

(D) For households found ineligible the notice will contain the basis for the denial.

(E) The household's right to request a fair hearing, the telephone number of the food stamp office, and if possible, the name of the person to contact for additional information.

(F) If there is an individual or organization available that provides free legal representation, the notice shall also advise the household of the availability of this service.

364.830: Notice of Increase

A Notice of Increase shall be sent to households when a change reported during the certification period results in an increase in the household's benefit level or no change in the household's benefit

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level. The Notice of Increase shall include the following information:

- (A) When the change does not result in an increase or a decrease in the household's monthly allotment, the notice shall inform the household that its monthly allotment will remain unchanged.
- (B) For changes that result in increased benefits, the notice shall inform the household of the new monthly allotment and of the date the new monthly allotment becomes effective. The notice shall also inform the household of the date by which the change must be verified and the consequences of failure to verify the change.
- (C) The household's right to a fair hearing, the telephone number of the food stamp office, and the name of the person to contact for additional information.

364.840: Notice of Food Stamp Termination

A notice of Food Stamp Termination shall be issued to all food stamp households. For households certified for three months or longer, notice shall be sent no earlier than the first day of the next to last month of certification or no later than the last day of the next to last month of certification. When the Department cannot provide the notice by this date, because the household is certified for two months or less, the notice shall be provided at the time of certification. The Notice of Food Stamp Termination shall contain the following information.

- (A) The date the current certification period ends.
- (B) The date by which the household must file an application for recertification to receive uninterrupted benefits.
- (C) Notice that the household must appear for any interview scheduled on or after the date the application is timely filed in order to receive uninterrupted benefits.
- (D) Notice that the household is responsible for rescheduling any missed interview.
- (E) Notice that the household must complete the processing steps of the interview and provide all required verification in order to receive uninterrupted benefits.
- (F) If applicable, the number of days the household has for submitting missing verification, after the Department informs the household at the interview of any further verification needed to receive uninterrupted benefits.
- (G) The right to request an application and have it accepted by the Department as long as it is signed and contains a legible name and address.

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- (H) The address of the office where the application must be filed.
- (I) The consequences of failure to comply with the Notice of Food Stamp Termination.
- (J) The household's right to file the application by mail or through an authorized representative.
- (K) The household's right to a fair hearing.
- (L) The right to apply for food stamp recertification at an office of the Social Security Administration (SSA) if all members of the household are applicants or recipients of Supplemental Security Income (SSI).

364.850: Notice of Change

The Notice of Change, with prepaid postage, shall be provided to all households at initial certification, whenever a change report form is returned by a household, and at recertification, if the household needs a new form. The Notice of Change shall provide the household a space for reporting the changes required in Subsection 366.110(A) and shall contain the following information.

- (A) A space for the household to report whether the change shall continue beyond the report month.
- (B) The civil and criminal penalties for violations of the Food Stamp Act in understandable terms and in prominent and boldface lettering.
- (C) A reminder to the household of its right to claim actual utility costs if its costs exceed the standard.

364.860: Notice of Adverse Action

The Notice of Adverse Action shall be sent to all households prior to terminating or reducing benefits, except as specified in Section 366.210 to ensure timely and adequate advance notice of the proposed action. The Notice of Adverse Action shall contain the following information.

- (A) The proposed action;
- (B) The reason for the proposed action;
- (C) The household's right to request a fair hearing;
- (D) The telephone number and, if possible, the name of the person to contact for additional information; and
- (E) The availability of continued benefits and the date by which a hearing request must be filed to ensure such continuation.

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- (F) The liability of the household for any overissuance received while awaiting a fair hearing, if the hearing official's decision is adverse to the household; and
- (G) If there is an individual or organization that provides free legal representation, the notice shall also advise the household of the availability of the service.

364.870: Unintentional Program Violation Claim Demand Letter (Request for Repayment)

The Unintentional Program Violation Claim Demand Letter shall be sent to all households whenever an overissuance of food stamps occurs unless the amount of the claim is under thirty-five (\$35) dollars or the household cannot be located. The Claim Demand Letter shall contain the following information:

- (A) The amount owed;
- (B) The reason for the claim;
- (C) The period of time the claim covers;
- (D) Any offsetting that was done to reduce the claim; and
- (E) The household's right to a fair hearing if the household disagrees with the Department's determination.

The household's repayment options shall be included in the Repayment Agreement (in accordance with Section 367.495(E)).

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364.880: Intentional Program Violation Claim Demand Letter (Request for Repayment)

The Intentional Program Violation Claim Demand Letter shall be sent to households that have been found to have committed an intentional program violation by either an Administrative Disqualification Hearing or a court of appropriate jurisdiction or have filed a signed and accepted waiver (in accordance with Section 367.660) or entered into a consent agreement with the court. The Intentional Program Violation Claim Demand Letter must be sent even if the household already received a Claim Demand Letter. The Intentional Program Violation Claim Demand Letter shall contain the following information:

- (A) The amount owed;
- (B) The reason for the claim;
- (C) The period of time the claim covers;
- (D) Any offsetting that was done to reduce the claim; and
- (E) The household's right to a Fair Hearing if the household disagrees with the Department's determination of the amount of the claim, unless a fair hearing is consolidated with the Administrative Disqualification Hearing to determine the amount of the claim.

The household's repayment options shall be included in the repayment agreement letter (in accordance with Section 367.825(C)).

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364.895 Notice of Restoration of Lost Benefits

The Notice of Restoration of Lost Benefits shall be sent to all households entitled to a forward adjustment. The Notice of Restoration of Lost Benefits shall contain the following information.

- (A) The amount of benefits to be restored;
- (B) Any offsetting that was done;
- (C) The method of restoration;
- (D) The date the restoration will be completed; and
- (E) The household's right to a fair hearing if it disagrees with any aspect of the proposed restoration.

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364.900: Delivery of Benefits

Eligible households shall be issued an Authorization to Participate (ATP) for each month of eligibility. The ATP can be exchanged for the household's monthly allotment of food stamps at any authorized issuing office. The ATP is valid for the entire month of issuance. If an ATP cannot be transacted by the end of the calendar month, a replacement ATP shall be issued if the request for the replacement ATP is made within the household's cyclical issuance period.

All ATPs bear the statement "DPW Photo ID Required" and may not be negotiated without presenting to the authorized issuing agent one of the following types of Department-issued identification cards: a photo identification card, an identification card annotated to show that an exception to the photograph requirement has been granted or a valid temporary identification card (106 CMR 364.910).

(A) Initial ATP Issuance(1) Expedited ATP Issuance

Delivery of benefits to households eligible for expedited service is discussed in 106 CMR 365.800 et seq.

(2) Normal ATP Issuance

The Department shall provide households not entitled to expedited certification and issuance an ATP as soon as possible. In order to meet the time standard for processing applications, the Department must provide the applicant with an opportunity to participate no later than 30 calendar days following the date the application is filed (106 CMR 361.080).

(B) Supplementary ATP Issuance

The Department shall provide a Supplementary ATP, in addition to the household's monthly ATP, when the household is entitled to increased benefits because of certain changes in the household's circumstances. The conditions of entitlement and the time frames for the delivery of a Supplementary ATP are set forth in 106 CMR 366.120(A).

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(C) Replacement of an ATP and/or Food Stamps Destroyed After Receipt

The Department shall replace an ATP and/or that portion of a household's monthly food stamp allotment which it had received but was subsequently destroyed in a household disaster, such as a fire or flood, in accordance with the following provisions. Stolen or misplaced food stamps cannot be replaced.

(1) Conditions of Entitlement

- a. The household must report the destruction of the ATP and/or food stamps to the appropriate local office within 10 days of the date of the incident.
- b. The household must sign a statement in which it attests to the destruction of the ATP and/or food stamps, states the original ATP and/or food stamps will be returned to the Department if recovered, and that it is aware of the penalties for Intentional Program Violations.

The statement must be received by the appropriate local office within 10 days of the date of the report. If the 10th day falls on a weekend or holiday, and the statement is received the day after the weekend or holiday, the Department shall consider the statement timely received.

- c. The Department must verify the disaster through a collateral contact, documentation from a community agency (e.g., fire department, police department, Red Cross), or a home visit.

(2) Restrictions on Replacement

- a. Replacement of an ATP and/or food stamps reported destroyed after receipt may be made only twice in a six-month period. If in the month of request or in the previous five months the household has already been issued two replacements for an ATP and/or food stamps destroyed after receipt, the request must be denied.
- b. The replacement allotment shall be provided in the amount of the loss to the household, up to a maximum of one month's allotment for the household's size, unless the allotment includes restored benefits, which shall be replaced up to their full value.

(3) Time Frame for Delivery of Benefits

- a. For households whose ATP was issued under expedited service processing standards (106 CMR 365.800 et seq.), the replacement ATP shall be issued on the day of the request.
- b. For all other households, the replacement ATP shall be issued within 10 days after report of loss.

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The Department shall replace an ATP that was received by the household but subsequently stolen in accordance with the following provisions. ATPs lost or misplaced after receipt cannot be replaced.

(1) Conditions of Entitlement

- a. The household must report the theft of the ATP, in accordance with 106 CMR 364.900(C)(1)a.
- b. The household must sign a statement in which it attests to the theft of the ATP in accordance with 106 CMR 364.900(C)(1)b.
- c. The Department must verify the theft in accordance with 106 CMR 364.900(C)(1)c.

(2) Restrictions on Replacement

- a. Replacement of an ATP reported as stolen after receipt shall be made only twice in a six-month period. If in the month of request or in the previous five months the household has been issued two replacements for an ATP reported as stolen after receipt, the request for replacement must be denied.
- b. The replacement allotment shall be provided in accordance with 106 CMR 364.900(C)(2)b.

(3) Time Frame for Delivery of Benefits

See 106 CMR 364.900(C)(3).

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(E) Replacement of an ATP Lost or Stolen in the Mail Prior to Receipt

The Department shall replace an ATP reported as lost or stolen in the mail prior to receipt once it is determined that sufficient time has elapsed for delivery and in accordance with the following provisions.

(1) Conditions of Entitlement

- a. The household must report the nonreceipt of the ATP within the period of intended use. The period of intended use is the household's cyclical issuance period.

If the original issuance was made after the 20th of the calendar month, the loss must be reported within 20 calendar days from the original issuance date.

- b. The household must sign a statement in which it attests to the nonreceipt of the ATP in accordance with 106 CMR 364.900 (C)(1)b.

(2) Restrictions on Replacement

- a. Replacement of an ATP reported as lost or stolen in the mail shall be made only twice in a six-month period. If in the month of request or in the previous five months, the household has already been issued two replacements for ATPs lost or stolen in the mail, the request must be denied.
- b. The replacement allotment shall be provided in accordance with 106 CMR 364.900(C)(2)b.

(3) Time Frame for Delivery of Benefits

- a. For households whose ATP was issued under expedited service processing standards (106 CMR 365.800 et seq.), the replacement ATP shall be issued on the third day following the day the ATP was mailed. This time period allows for mail service delays. However, if the delay will result in undue hardship to the household, the ATP shall be replaced on the day of the request.
- b. For all other households, see 106 CMR 364.900(C)(3)b.

(4) Additional Provisions

- a. If the household reports the nondelivery of two ATPs in a six-month period, the Department shall issue benefits to the household under an alternate issuance system. The placement of a household on an alternate issuance system and the length of time the household is on this system is not subject to the fair hearing process.

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- b. Food Stamp Management, Central Office, shall forward a list of all ATPs reported as lost or stolen in the mail to the Postal Inspection Service each month, if appropriate.

(F) Replacement of an ATP Not Transacted by the End of the Calendar Month

The Department shall replace an ATP not transacted by the end of the calendar month if the request for the replacement ATP is made within the household's cyclical issuance period.

(1) Conditions of Entitlement

- a. The household must request the replacement within the period of intended use (see 106 CMR 364.900(E)(1)a).
- b. The household must return the original ATP to the Department.

(2) Time Frame for Delivery of Benefits

See 106 CMR 364.900(C)(3).

(G) ATP Issuance After Recertification

Households that timely comply with recertification requirements and are found eligible are entitled to uninterrupted benefits. An ATP must be made available for the household to pick up at the local office (see 106 CMR 366.330(B)) on the household's normal issuance date, if it is impossible to mail an ATP by that date.

(H) Mutilated or Improperly Manufactured ATPs or Food Stamps

The Department shall replace an ATP or food stamps that were so mutilated or improperly manufactured as to be unusable.

- (1) The household must return the mutilated or improperly manufactured ATP to the Department for replacement and the mutilated or improperly manufactured food stamps to the food stamp vendor for replacement.
- (2) The replacement allotment shall be provided in accordance with 106 CMR 364.900(C)(2)b.

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A household may be eligible for a replacement of the actual value of food, purchased with food stamps, that was destroyed in an individual household disaster, such as a fire, as well as in natural disasters affecting more than one household.

(1) Conditions of Entitlement

- a. The household must report the loss of food that was destroyed in an individual or natural disaster, in accordance with 106 CMR 364.900(C)(1)a.
- b. The household must sign a statement in which it attests to the destruction of the food in accordance with 106 CMR 364.900(C)(1)b.
- c. The Department must verify the disaster in accordance with 106 CMR 364.900(C)(1)c.

(2) Restrictions on Replacement

- a. The replacement allotment shall be provided in accordance with 106 CMR 364.900(C)(2)b.
- b. In cases where the Food and Nutrition Service has issued a disaster declaration and the household is eligible for emergency food stamp benefits, the household shall not receive both the disaster allotment and a replacement allotment under this provision (see 106 CMR 366.600).

(3) Time Frame for Delivery of Benefits

See 106 CMR 364.900(C)(3).

364.910: Issuing Identification Cards(A) Requirements

- (1) The Department shall provide the individual authorized to transact the household's ATP with a photo identification card. This individual may be either a household member or an authorized representative. When a card is issued to an authorized representative, it shall contain the name and social security number of the individual in whose name the ATP is issued and the authorized representative's name, photograph and signature. If requested by the individual in whose name the ATP is issued, a photo identification card may be issued to both him or her and an authorized representative.

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No fee will be charged for either the original or first-replacement photo identification card. However, beginning with the second replacement and each photo identification replacement thereafter, a fee will be charged. The fee, as determined by the Department, but not exceeding the total costs of production of the photo identification, must be paid by either check or money order. Cash payment will not be accepted.

The replacement fee, when applicable, must be paid at the time the photo is taken for the chargeable replacement photo identification. A temporary identification must be issued to allow the transaction of one additional food stamp ATP pending either payment of the replacement fee or actual receipt of the replacement photo identification.

- (2) Households that are entitled to expedited issuance shall receive a temporary identification card. A photo identification card shall be obtained prior to issuance of the household's next allotment.
- (3) If neither the household member nor the authorized representative is able to obtain stamps, the household may designate an emergency authorized representative. The emergency authorized representative will be issued a temporary identification card that shall be valid for five calendar days. To obtain this card, the emergency authorized representative must:
 - a. be designated by the household on the ATP as the emergency authorized representative;
 - b. sign the ATP in the presence of the household member; and
 - c. bring the ATP and the household's, or authorized representative's, photo identification card to the office.

(B) Exceptions

- (1) In the situations outlined below, identification cards containing the photograph of a household member are not required. The Department shall issue these households an identification card annotated to show that an exception to the photograph requirement has been granted.
 - a. Households whose religion does not allow them to be photographed. The Department shall require such a household to provide a signed statement that their religious beliefs do not allow them to be photographed. The statement shall specify the biblical or other basis for their religious belief and shall be filed in the case record.

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- b. Households certified at Social Security Administration Offices under the SSI-Food Stamp joint processing rules. If the appropriate household member, or its authorized representative, reports to the office for recertification, he or she shall be required to obtain a photo identification card.
- c. Households certified by out-of-office interviews (see 106 CMR 361.510: Waiver of the Office Interview). If the appropriate household member, or its authorized representative, is in the office for any reason, the Department shall attempt to issue a photo identification card.

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(2) Residents of drug/alcoholic treatment and rehabilitation programs will not be issued an identification card. The facility's authorized representative shall be issued a photo identification card. If a resident leaves the facility during the month, he/she shall be issued a temporary identification card, if necessary.

364.920: Frequency of Issuance

ID cards shall normally be issued only at the time of initial certification. Replacements shall be authorized only in instances of loss, mutilation, destruction or changes in persons authorized to obtain or use coupons.

364.930: Mail Issuance of ID Cards

ID cards delivered to households by mail shall not be mailed in the same envelope with an ATP or coupons.

364.940: ID Cards for Special Households

Specially marked ID cards shall be issued as follows:

(A) Delivered Meals

Households in which one or more persons are determined to be eligible to use food stamps in payment for delivered meals, and express an intent to do so will be issued an ID card which is conspicuously marked with the letter "M". Participants should be requested to advise the delivered meal service that they plan to use food stamps to purchase delivered meals. Persons who meet the eligibility requirements for delivered meals for only a temporary period, such as while convalescing, will have an expiration date on their ID card.

(B) Communal Dining

(1) In those areas where restaurants are authorized to accept food stamps, any household eligible for and interested in using communal dining facilities shall receive an ID card marked with the letters "CD".

(2) Any household eligible for and interested in using delivered meal services shall receive an ID card marked with the letter "M".

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364.945: The Standard Utility Allowances and Their Prorated Amounts

See 106 CMR 364.400(F) for instructions for using this table.

<u>Number of Households</u>	<u>Heating Standard Utility Allowance</u>	<u>Non-Heating Standard Utility Allowance</u>	<u>Telephone Standard Utility Allowance</u>
1	\$ 298	\$ 180	\$ 21
2	149	90	10
3	99	60	7
4	74	45	5
5	59	36	4

For households in excess of five, divide the standard utility allowance by the number of households and round the result down to the next whole dollar.

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364.950: Maximum Gross Monthly Income Standards*

For instructions for using this table, see 106 CMR 364.370.

<u>Household size</u>	<u>Maximum Gross Monthly Income Standard</u>
1	\$ 738.00
2	996.00
3	1,254.00
4	1,512.00
5	1,770.00
6	2,027.00
7	2,285.00
8	2,543.00
For each additional member	add 258.00

364.970: Maximum Allowable Monthly Net Income Standards*

For instructions for using this table, see 106 CMR 364.550.

<u>Household Size</u>	<u>Maximum Allowable Monthly Net Income Standard</u>
1	\$ 568.00
2	766.00
3	965.00
4	1,163.00
5	1,361.00
6	1,560.00
7	1,758.00
8	1,956.00
For each additional member	add 199.00

*Categorically eligible households do not have to meet either the gross or net income eligibility standards.

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For instructions for using this table, see 106 CMR 361.200(A)(13).

<u>Household Size</u>	<u>165% of the Maximum Allowable Monthly Net Income Standard</u>
1	\$ 937.00
2	1,264.00
3	1,591.00
4	1,919.00
5	2,246.00
6	2,573.00
7	2,900.00
8	3,228.00
For each additional member	add 328.00

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COUPON ALLOTMENTS BY HOUSEHOLD SIZE										
Monthly Net Income	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons		
.00 - .03	*111	*203	*292	*370	*440	*528	*584	*667		
.04 - 3.36	110	202	291	369	439	527	583	666		
3.37 - 6.69	109	201	290	368	438	526	582	665		
6.70 - 10.03	108	200	289	367	437	525	581	664		
10.04 - 13.36	107	199	288	366	436	524	580	663		
13.37 - 16.69	106	198	287	365	435	523	579	662		
16.70 - 20.03	105	197	286	364	434	522	578	661		
20.04 - 23.36	104	196	285	363	433	521	577	660		
23.37 - 26.69	103	195	284	362	432	520	576	659		
26.70 - 30.03	102	194	283	361	431	519	575	658		
30.04 - 33.36	101	193	282	360	430	518	574	657		
33.37 - 36.69	100	192	281	359	429	517	573	656		
36.70 - 40.03	99	191	280	358	428	516	572	655		
40.04 - 43.36	98	190	279	357	427	515	571	654		
43.37 - 46.69	97	189	278	356	426	514	570	653		
46.70 - 50.03	96	188	277	355	425	513	569	652		
50.04 - 53.36	95	187	276	354	424	512	568	651		
53.37 - 56.69	94	186	275	353	423	511	567	650		
56.70 - 60.03	93	185	274	352	422	510	566	649		
60.04 - 63.36	92	184	273	351	421	509	565	648		
63.37 - 66.69	91	183	272	350	420	508	564	647		
66.70 - 70.03	90	182	271	349	419	507	563	646		
70.04 - 73.36	89	181	270	348	418	506	562	645		
73.37 - 76.69	88	180	269	347	417	505	561	644		
76.70 - 80.03	87	179	268	346	416	504	560	643		
80.04 - 83.36	86	178	267	345	415	503	559	642		
83.37 - 86.69	85	177	266	344	414	502	558	641		
86.70 - 90.03	84	176	265	343	413	501	557	640		
90.04 - 93.36	83	175	264	342	412	500	556	639		
93.37 - 96.69	82	174	263	341	411	499	555	638		

* Maximum Coupon Allotment for the Household Size

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Monthly Net Income	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons	
96.70 - 100.03	81	173	262	340	410	498	554	637	
100.04 - 103.36	80	172	261	339	409	497	553	636	
103.37 - 106.69	79	171	260	338	408	496	552	635	
106.70 - 110.03	78	170	259	337	407	495	551	634	
110.04 - 113.36	77	169	258	336	406	494	550	633	
113.37 - 116.69	76	168	257	335	405	493	549	632	
116.70 - 120.03	75	167	256	334	404	492	548	631	
120.04 - 123.36	74	166	255	333	403	491	547	630	
123.37 - 126.69	73	165	254	332	402	490	546	629	
126.70 - 130.03	72	164	253	331	401	489	545	628	
130.04 - 133.36	71	163	252	330	400	488	544	627	
133.37 - 136.69	70	162	251	329	399	487	543	626	
136.70 - 140.03	69	161	250	328	398	486	542	625	
140.04 - 143.36	68	160	249	327	397	485	541	624	
143.37 - 146.69	67	159	248	326	396	484	540	623	
146.70 - 150.03	66	158	247	325	395	483	539	622	
150.04 - 153.36	65	157	246	324	394	482	538	621	
153.37 - 156.69	64	156	245	323	393	481	537	620	
156.70 - 160.03	63	155	244	322	392	480	536	619	
160.04 - 163.36	62	154	243	321	391	479	535	618	
163.37 - 166.69	61	153	242	320	390	478	534	617	
166.70 - 170.03	60	152	241	319	389	477	533	616	
170.04 - 173.36	59	151	240	318	388	476	532	615	
173.37 - 176.69	58	150	239	317	387	475	531	614	
176.70 - 180.03	57	149	238	316	386	474	530	613	
180.04 - 183.36	56	148	237	315	385	473	529	612	
183.37 - 186.69	55	147	236	314	384	472	528	611	
186.70 - 190.03	54	146	235	313	383	471	527	610	
190.04 - 193.36	53	145	234	312	382	470	526	609	
193.37 - 196.69	52	144	233	311	381	469	525	608	

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196.70 - 200.03	51	143	232	310	380	468	524	607	
200.04 - 203.36	50	142	231	309	379	467	523	606	
203.37 - 206.69	49	141	230	308	378	466	522	605	
206.70 - 210.03	48	140	229	307	377	465	521	604	
210.04 - 213.36	47	139	228	306	376	464	520	603	
213.37 - 216.69	46	138	227	305	375	463	519	602	
216.70 - 220.03	45	137	226	304	374	462	518	601	
220.04 - 223.36	44	136	225	303	373	461	517	600	
223.37 - 226.69	43	135	224	302	372	460	516	599	
226.70 - 230.03	42	134	223	301	371	459	515	598	
230.04 - 233.36	41	133	222	300	370	458	514	597	
233.37 - 236.69	40	132	221	299	369	457	513	596	
236.70 - 240.03	39	131	220	298	368	456	512	595	
240.04 - 243.36	38	130	219	297	367	455	511	594	
243.37 - 246.69	37	129	218	296	366	454	510	593	
246.70 - 250.03	36	128	217	295	365	453	509	592	
250.04 - 253.36	35	127	216	294	364	452	508	591	
253.37 - 256.69	34	126	215	293	363	451	507	590	
256.70 - 260.03	33	125	214	292	362	450	506	589	
260.04 - 263.36	32	124	213	291	361	449	505	588	
263.37 - 266.69	31	123	212	290	360	448	504	587	
266.70 - 270.03	30	122	211	289	359	447	503	586	
270.04 - 273.36	29	121	210	288	358	446	502	585	
273.37 - 276.69	28	120	209	287	357	445	501	584	
276.70 - 280.03	27	119	208	286	356	444	500	583	
280.04 - 283.36	26	118	207	285	355	443	499	582	
283.37 - 286.69	25	117	206	284	354	442	498	581	
286.70 - 290.03	24	116	205	283	353	441	497	580	
290.04 - 293.36	23	115	204	282	352	440	496	579	
293.37 - 296.69	22	114	203	281	351	439	495	578	

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296.70 - 300.03	21	113	202	280	350	438	494	577	
300.04 - 303.36	20	112	201	279	349	437	493	576	
303.37 - 306.69	19	111	200	278	348	436	492	575	
306.70 - 310.03	18	110	199	277	347	435	491	574	
310.04 - 313.36	17	109	198	276	346	434	490	573	
313.37 - 316.69	16	108	197	275	345	433	489	572	
316.70 - 320.03	15	107	196	274	344	432	488	571	
320.04 - 323.36	14	106	195	273	343	431	487	570	
323.37 - 326.69	13	105	194	272	342	430	486	569	
326.70 - 330.03	12	104	193	271	341	429	485	568	
330.04 - 333.36	11	103	192	270	340	428	484	567	
333.37 - 336.69	10	102	191	269	339	427	483	566	
336.70 - 340.03	10	101	190	268	338	426	482	565	
340.04 - 343.36	10	100	189	267	337	425	481	564	
343.37 - 346.69	10	99	188	266	336	424	480	563	
346.70 - 350.03	10	98	187	265	335	423	479	562	
350.04 - 353.36	10	97	186	264	334	422	478	561	
353.37 - 356.69	10	96	185	263	333	421	477	560	
356.70 - 360.03	10	95	184	262	332	420	476	559	
360.04 - 363.36	10	94	183	261	331	419	475	558	
363.37 - 366.69	10	93	182	260	330	418	474	557	
366.70 - 370.03	10	92	181	259	329	417	473	556	
370.04 - 373.36	10	91	180	258	328	416	472	555	
373.37 - 376.69	10	90	179	257	327	415	471	554	
376.70 - 380.03	10	89	178	256	326	414	470	553	
380.04 - 383.36	10	88	177	255	325	413	469	552	
383.37 - 386.69	10	87	176	254	324	412	468	551	
386.70 - 390.03	10	86	175	253	323	411	467	550	
390.04 - 393.36	10	85	174	252	322	410	466	549	
393.37 - 396.69	10	84	173	251	321	409	465	548	

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Monthly Net Income	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons	
396.70 - 400.03	10	83	172	250	320	408	464	547	
400.04 - 403.36	10	82	171	249	319	407	463	546	
403.37 - 406.69	10	81	170	248	318	406	462	545	
406.70 - 410.03	10	80	169	247	317	405	461	544	
410.04 - 413.36	10	79	168	246	316	404	460	543	
413.37 - 416.69	10	78	167	245	315	403	459	542	
416.70 - 420.03	10	77	166	244	314	402	458	541	
420.04 - 423.36	10	76	165	243	313	401	457	540	
423.37 - 426.69	10	75	164	242	312	400	456	539	
426.70 - 430.03	10	74	163	241	311	399	455	538	
430.04 - 433.36	10	73	162	240	310	398	454	537	
433.37 - 436.69	10	72	161	239	309	397	453	536	
436.70 - 440.03	10	71	160	238	308	396	452	535	
440.04 - 443.36	10	70	159	237	307	395	451	534	
443.37 - 446.69	10	69	158	236	306	394	450	533	
446.70 - 450.03	10	68	157	235	305	393	449	532	
450.04 - 453.36	10	67	156	234	304	392	448	531	
453.37 - 456.69	10	66	155	233	303	391	447	530	
456.70 - 460.03	10	65	154	232	302	390	446	529	
460.04 - 463.36	10	64	153	231	301	389	445	528	
463.37 - 466.69	10	63	152	230	300	388	444	527	
466.70 - 470.03	10	62	151	229	299	387	443	526	
470.04 - 473.36	10	61	150	228	298	386	442	525	
473.37 - 476.69	10	60	149	227	297	385	441	524	
476.70 - 480.03	10	59	148	226	296	384	440	523	
480.04 - 483.36	10	58	147	225	295	383	439	522	
483.37 - 486.69	10	57	146	224	294	382	438	521	
486.70 - 490.03	10	56	145	223	293	381	437	520	
490.04 - 493.36	10	55	144	222	292	380	436	519	
493.37 - 496.69	10	54	143	221	291	379	435	518	

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COUPON ALLOTMENTS BY HOUSEHOLD SIZE									
Monthly Net Income	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons	
496.70 - 500.03	10	53	142	220	290	378	434	517	
500.04 - 503.36	10	52	141	219	289	377	433	516	
503.37 - 506.69	10	51	140	218	288	376	432	515	
506.70 - 510.03	10	50	139	217	287	375	431	514	
510.04 - 513.36	10	49	138	216	286	374	430	513	
513.37 - 516.69	10	48	137	215	285	373	429	512	
516.70 - 520.03	10	47	136	214	284	372	428	511	
520.04 - 523.36	10	46	135	213	283	371	427	510	
523.37 - 526.69	10	45	134	212	282	370	426	509	
526.70 - 530.03	10	44	133	211	281	369	425	508	
530.04 - 533.36	10	43	132	210	280	368	424	507	
533.37 - 536.69	10	42	131	209	279	367	423	506	
536.70 - 540.03	10	41	130	208	278	366	422	505	
540.04 - 543.36	10	40	129	207	277	365	421	504	
543.37 - 546.69	10	39	128	206	276	364	420	503	
546.70 - 550.03	10	38	127	205	275	363	419	502	
550.04 - 553.36	10	37	126	204	274	362	418	501	
553.37 - 556.69	10	36	125	203	273	361	417	500	
556.70 - 560.03	10	35	124	202	272	360	416	499	
560.04 - 563.36	10	34	123	201	271	359	415	498	
563.37 - 566.69	10	33	122	200	270	358	414	497	
566.70 - 570.03**	10	32	121	199	269	357	413	496	
570.04 - 573.36***	10	31	120	198	268	356	412	495	
573.37 - 576.69	10	30	119	197	267	355	411	494	
576.70 - 580.03	10	29	118	196	266	354	410	493	
580.04 - 583.36	10	28	117	195	265	353	409	492	
583.37 - 586.69	10	27	116	194	264	352	408	491	
586.70 - 590.03	10	26	115	193	263	351	407	490	
590.04 - 593.36	10	25	114	192	262	350	406	489	
593.37 - 596.69	10	24	113	191	261	349	405	488	

** Check Maximum Net Income Standards (364.970)

*** Benefits Available Only to Categorically Eligible Households (365.180)

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596.70 - 600.03***	10	23	112	190	260	348	404	487	
600.04 - 603.36	10	22	111	189	259	347	403	486	
603.37 - 606.69	10	21	110	188	258	346	402	485	
606.70 - 610.03	10	20	109	187	257	345	401	484	
610.04 - 613.36	10	19	108	186	256	344	400	483	
613.37 - 616.69	10	18	107	185	255	343	399	482	
616.70 - 620.03	10	17	106	184	254	342	398	481	
620.04 - 623.36	10	16	105	183	253	341	397	480	
623.37 - 626.69	10	15	104	182	252	340	396	479	
626.70 - 630.03	10	14	103	181	251	339	395	478	
630.04 - 633.36	10	13	102	180	250	338	394	477	
633.37 - 636.69	10	12	101	179	249	337	393	476	
636.70 - 640.03	10	11	100	178	248	336	392	475	
640.04 - 643.36	10	10	99	177	247	335	391	474	
643.37 - 646.69	10	10	98	176	246	334	390	473	
646.70 - 650.03	10	10	97	175	245	333	389	472	
650.04 - 653.36	10	10	96	174	244	332	388	471	
653.37 - 656.69	10	10	95	173	243	331	387	470	
656.70 - 660.03	10	10	94	172	242	330	386	469	
660.04 - 663.36	10	10	93	171	241	329	385	468	
663.37 - 666.69	10	10	92	170	240	328	384	467	
666.70 - 670.03	10	10	91	169	239	327	383	466	
670.04 - 673.36	10	10	90	168	238	326	382	465	
673.37 - 676.69	10	10	89	167	237	325	381	464	
676.70 - 680.03	10	10	88	166	236	324	380	463	
680.04 - 683.36	10	10	87	165	235	323	379	462	
683.37 - 686.69	10	10	86	164	234	322	378	461	
686.70 - 690.03	10	10	85	163	233	321	377	460	
690.04 - 693.36	10	10	84	162	232	320	376	459	
693.37 - 696.69	10	10	83	161	231	319	375	458	

*** Benefits Available Only to Categorically Eligible Households (365.180)

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696.70 - 700.03***	10	10	82	160	230	318	374	457	
700.04 - 703.36	10	10	81	159	229	317	373	456	
703.37 - 706.69	10	10	80	158	228	316	372	455	
706.70 - 710.03	10	10	79	157	227	315	371	454	
710.04 - 713.36	10	10	78	156	226	314	370	453	
713.37 - 716.69	10	10	77	155	225	313	369	452	
716.70 - 720.03	10	10	76	154	224	312	368	451	
720.04 - 723.36	10	10	75	153	223	311	367	450	
723.37 - 726.69	10	10	74	152	222	310	366	449	
726.70 - 730.03	10	10	73	151	221	309	365	448	
730.04 - 733.36	10	10	72	150	220	308	364	447	
733.37 - 736.69	10	10	71	149	219	307	363	446	
736.70 - 740.03	10	10	70	148	218	306	362	445	
740.04 - 743.36	10	10	69	147	217	305	361	444	
743.37 - 746.69	10	10	68	146	216	304	360	443	
746.70 - 750.03	10	10	67	145	215	303	359	442	
750.04 - 753.36	10	10	66	144	214	302	358	441	
753.37 - 756.69	10	10	65	143	213	301	357	440	
756.70 - 760.03	10	10	64	142	212	300	356	439	
760.04 - 763.36	10	10	63	141	211	299	355	438	
763.37 - 766.69**	10	10	62	140	210	298	354	437	
766.70 - 770.03	10	10	61	139	209	297	353	436	
770.04 - 773.36	10	10	60	138	208	296	352	435	
773.37 - 776.69	10	10	59	137	207	295	351	434	
776.70 - 780.03	10	10	58	136	206	294	350	433	
780.04 - 783.36	10	10	57	135	205	293	349	432	
783.37 - 786.69	10	10	56	134	204	292	348	431	
786.70 - 790.03	10	10	55	133	203	291	347	430	
790.04 - 793.36	10	10	54	132	202	290	346	429	
793.37 - 796.69	10	10	53	131	201	289	345	428	

** Check Maximum Net Income Standards (364.970)

*** Benefits Available Only to Categorically Eligible Households (365.180)

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Monthly Net Income	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons	
796.70 - 800.03**	10	10	52	130	200	288	344	427	
800.04 - 803.36	10	10	51	129	199	287	343	426	
803.37 - 806.69	10	10	50	128	198	286	342	425	
806.70 - 810.03	10	10	49	127	197	285	341	424	
810.04 - 813.36	10	10	48	126	196	284	340	423	
813.37 - 816.69	10	10	47	125	195	283	339	422	
816.70 - 820.03	10	10	46	124	194	282	338	421	
820.04 - 823.36	10	10	45	123	193	281	337	420	
823.37 - 826.69	10	10	44	122	192	280	336	419	
826.70 - 830.03	10	10	43	121	191	279	335	418	
830.04 - 833.36	10	10	42	120	190	278	334	417	
833.37 - 836.69	10	10	41	119	189	277	333	416	
836.70 - 840.03	10	10	40	118	188	276	332	415	
840.04 - 843.36	10	10	39	117	187	275	331	414	
843.37 - 846.69	10	10	38	116	186	274	330	413	
846.70 - 850.03	10	10	37	115	185	273	329	412	
850.04 - 853.36	10	10	36	114	184	272	328	411	
853.37 - 856.69	10	10	35	113	183	271	327	410	
856.70 - 860.03	10	10	34	112	182	270	326	409	
860.04 - 863.36	10	10	33	111	181	269	325	408	
863.37 - 866.69	10	10	32	110	180	268	324	407	
866.70 - 870.03	10	10	31	109	179	267	323	406	
870.04 - 873.36	10	10	30	108	178	266	322	405	
873.37 - 876.69	10	10	29	107	177	265	321	404	
876.70 - 880.03	10	10	28	106	176	264	320	403	
880.04 - 883.36	10	10	27	105	175	263	319	402	
883.37 - 886.69	10	10	26	104	174	262	318	401	
886.70 - 890.03	10	10	25	103	173	261	317	400	
890.04 - 893.36	10	10	24	102	172	260	316	399	
893.37 - 896.69	10	10	23	101	171	259	315	398	

*** Benefits Available Only to Categorically Eligible Households (365.180)

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896.70 - 900.03***	10	10	22	100	170	258	314	397	
900.04 - 903.36	10	10	21	99	169	257	313	396	
903.37 - 906.69	10	10	20	98	168	256	312	395	
906.70 - 910.03	10	10	19	97	167	255	311	394	
910.04 - 913.36	10	10	18	96	166	254	310	393	
913.37 - 916.69	10	10	17	95	165	253	309	392	
916.70 - 920.03	10	10	16	94	164	252	308	391	
920.04 - 923.36	10	10	15	93	163	251	307	390	
923.37 - 926.69	10	10	14	92	162	250	306	389	
926.70 - 930.03	10	10	13	91	161	249	305	388	
930.04 - 933.36	10	10	12	90	160	248	304	387	
933.37 - 936.69	10	10	11	89	159	247	303	386	
936.70 - 940.03	10	10	10	88	158	246	302	385	
940.04 - 943.36	10	10	9	87	157	245	301	384	
943.37 - 946.69	10	10	8	86	156	244	300	383	
946.70 - 950.03	10	10	7	85	155	243	299	382	
950.04 - 953.36	10	10	6	84	154	242	298	381	
953.37 - 956.69	10	10	6	83	153	241	297	380	
956.70 - 960.03	10	10	4	82	152	240	296	379	
960.04 - 963.36	10	10	4	81	151	239	295	378	
963.37 - 966.69**	10	10	2	80	150	238	294	377	
966.70 - 970.03	10	10	2	79	149	237	293	376	
970.04 - 973.36	10	10		78	148	236	292	375	
973.37 - 976.69	10	10		77	147	235	291	374	
976.70 - 980.03	10	10		76	146	234	290	373	
980.04 - 983.36	10	10		75	145	233	289	372	
983.37 - 986.69	10	10		74	144	232	288	371	
986.70 - 990.03	10	10		73	143	231	287	370	
990.04 - 993.36	10	10		72	142	230	286	369	
993.37 - 996.69	10	10		71	141	229	285	368	

** Check Maximum Net Income Standards (364.970)

*** Benefits Available Only to Categorically Eligible Households (365.180)

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996.70 - 1000.03***	10	10		70	140	228	284	367		
1000.04 - 1003.36	10	10		69	139	227	283	366		
1003.37 - 1006.69	10	10		68	138	226	282	365		
1006.70 - 1010.03	10	10		67	137	225	281	364		
1010.04 - 1013.36	10	10		66	136	224	280	363		
1013.37 - 1016.69	10	10		65	135	223	279	362		
1016.70 - 1020.03	10	10		64	134	222	278	361		
1020.04 - 1023.36	10	10		63	133	221	277	360		
1023.37 - 1026.69	10	10		62	132	220	276	359		
1026.70 - 1030.03	10	10		61	131	219	275	358		
1030.04 - 1033.36	10	10		60	130	218	274	357		
1033.37 - 1036.69	10	10		59	129	217	273	356		
1036.70 - 1040.03	10	10		58	128	216	272	355		
1040.04 - 1043.36	10	10		57	127	215	271	354		
1043.37 - 1046.69	10	10		56	126	214	270	353		
1046.70 - 1050.03	10	10		55	125	213	269	352		
1050.04 - 1053.36	10	10		54	124	212	268	351		
1053.37 - 1056.69	10	10		53	123	211	267	350		
1056.70 - 1060.03	10	10		52	122	210	266	349		
1060.04 - 1063.36	10	10		51	121	209	265	348		
1063.37 - 1066.69	10	10		50	120	208	264	347		
1066.70 - 1070.03	10	10		49	119	207	263	346		
1070.04 - 1073.36	10	10		48	118	206	262	345		
1073.37 - 1076.69	10	10		47	117	205	261	344		
1076.70 - 1080.03	10	10		46	116	204	260	343		
1080.04 - 1083.36	10	10		45	115	203	259	342		
1083.37 - 1086.69	10	10		44	114	202	258	341		
1086.70 - 1090.03	10	10		43	113	201	257	340		
1090.04 - 1093.36	10	10		42	112	200	256	339		
1093.37 - 1096.69	10	10		41	111	199	255	338		

*** Benefits Available Only to Categorically Eligible Households (365.180)

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Monthly Net Income	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons	
1096.70 - 1100.03***	10	10		40	110	198	254	337	
1100.04 - 1103.36	10	10		39	109	197	253	336	
1103.37 - 1106.69	10	10		38	108	196	252	335	
1106.70 - 1110.03	10	10		37	107	195	251	334	
1110.04 - 1113.36	10	10		36	106	194	250	333	
1113.37 - 1116.69	10	10		35	105	193	249	332	
1116.70 - 1120.03	10	10		34	104	192	248	331	
1120.04 - 1123.36	10	10		33	103	191	247	330	
1123.37 - 1126.69	10	10		32	102	190	246	329	
1126.70 - 1130.03	10	10		31	101	189	245	328	
1130.04 - 1133.36	10	10		30	100	188	244	327	
1133.37 - 1136.69	10	10		29	99	187	243	326	
1136.70 - 1140.03	10	10		28	98	186	242	325	
1140.04 - 1143.36	10	10		27	97	185	241	324	
1143.37 - 1146.69	10	10		26	96	184	240	323	
1146.70 - 1150.03	10	10		25	95	183	239	322	
1150.04 - 1153.36	10	10		24	94	182	238	321	
1153.37 - 1156.69	10	10		23	93	181	237	320	
1156.70 - 1160.03	10	10		22	92	180	236	319	
1160.04 - 1163.36**	10	10		21	91	179	235	318	
1163.37 - 1166.69	10	10		20	90	178	234	317	
1166.70 - 1170.03	10	10		19	89	177	233	316	
1170.04 - 1173.36	10	10		18	88	176	232	315	
1173.37 - 1176.69	10	10		17	87	175	231	314	
1176.70 - 1180.03	10	10		16	86	174	230	313	
1180.04 - 1183.36	10	10		15	85	173	229	312	
1183.37 - 1186.69	10	10		14	84	172	228	311	
1186.70 - 1190.03	10	10		13	83	171	227	310	
1190.04 - 1193.36	10	10		12	82	170	226	309	
1193.37 - 1196.69	10	10		11	81	169	225	308	

** Check Maximum Net Income Standards (364.970)

*** Benefits Available Only to Categorically Eligible Households (365.180)

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Monthly Net Income	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons	
1196.70 - 1200.03***	10	10	10	10	80	168	224	307	
1200.04 - 1203.36	10	10		9	79	167	223	306	
1203.37 - 1206.69	10	10		8	78	166	222	305	
1206.70 - 1210.03	10	10		7	77	165	221	304	
1210.04 - 1213.36	10	10		6	76	164	220	303	
1213.37 - 1216.69	10	10		6	75	163	219	302	
1216.70 - 1220.03	10	10		4	74	162	218	301	
1220.04 - 1223.36	10	10		4	73	161	217	300	
1223.37 - 1226.69	10	10		2	72	160	216	299	
1226.70 - 1230.03	10	10		2	71	159	215	298	
1230.04 - 1233.36	10	10			70	158	214	297	
1233.37 - 1236.69	10	10			69	157	213	296	
1236.70 - 1240.03	10	10			68	156	212	295	
1240.04 - 1243.36	10	10			67	155	211	294	
1243.37 - 1246.69	10	10			66	154	210	293	
1246.70 - 1250.03	10	10			65	153	209	292	
1250.04 - 1253.36	10	10			64	152	208	291	
1253.37 - 1256.69	10	10			63	151	207	290	
1256.70 - 1260.03	10	10			62	150	206	289	
1260.04 - 1263.36	10	10			61	149	205	288	
1263.37 - 1266.69	10	10			60	148	204	287	
1266.70 - 1270.03	10	10			59	147	203	286	
1270.04 - 1273.36	10	10			58	146	202	285	
1273.37 - 1276.69	10	10			57	145	201	284	
1276.70 - 1280.03	10	10			56	144	200	283	
1280.04 - 1283.36	10	10			55	143	199	282	
1283.37 - 1286.69	10	10			54	142	198	281	
1286.70 - 1290.03	10	10			53	141	197	280	
1290.04 - 1293.36	10	10			52	140	196	279	
1293.37 - 1296.69	10	10			51	139	195	278	

*** Benefits Available Only to Categorically Eligible Households (365.180)

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COUPON ALLOTMENTS BY HOUSEHOLD SIZE									
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1296.70 - 1300.03***	10	10			50	138	194	277	
1300.04 - 1303.36	10	10			49	137	193	276	
1303.37 - 1306.69	10	10			48	136	192	275	
1306.70 - 1310.03	10	10			47	135	191	274	
1310.04 - 1313.36	10	10			46	134	190	273	
1313.37 - 1316.69	10	10			45	133	189	272	
1316.70 - 1320.03	10	10			44	132	188	271	
1320.04 - 1323.36	10	10			43	131	187	270	
1323.37 - 1326.69	10	10			42	130	186	269	
1326.70 - 1330.03	10	10			41	129	185	268	
1330.04 - 1333.36	10	10			40	128	184	267	
1333.37 - 1336.69	10	10			39	127	183	266	
1336.70 - 1340.03	10	10			38	126	182	265	
1340.04 - 1343.36	10	10			37	125	181	264	
1343.37 - 1346.69	10	10			36	124	180	263	
1346.70 - 1350.03	10	10			35	123	179	262	
1350.04 - 1353.36	10	10			34	122	178	261	
1353.37 - 1356.69	10	10			33	121	177	260	
1356.70 - 1360.03	10	10			32	120	176	259	
1360.04 - 1363.36**	10	10			31	119	175	258	
1363.37 - 1366.69	10	10			30	118	174	257	
1366.70 - 1370.03	10	10			29	117	173	256	
1370.04 - 1373.36	10	10			28	116	172	255	
1373.37 - 1376.69	10	10			27	115	171	254	
1376.70 - 1380.03	10	10			26	114	170	253	
1380.04 - 1383.36	10	10			25	113	169	252	
1383.37 - 1386.69	10	10			24	112	168	251	
1386.70 - 1390.03	10	10			23	111	167	250	
1390.04 - 1393.36	10	10			22	110	166	249	
1393.37 - 1396.69	10	10			21	109	165	248	

** Check Maximum Net Income Standards (364.970)

*** Benefits Available Only to Categorically Eligible Households (365.180)

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Monthly Net Income	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons	
1396.70 - 1400.03***	10	10			20	108	164	247	
1400.04 - 1403.36	10	10			19	107	163	246	
1403.37 - 1406.69	10	10			18	106	162	245	
1406.70 - 1410.03	10	10			17	105	161	244	
1410.04 - 1413.36	10	10			16	104	160	243	
1413.37 - 1416.69	10	10			15	103	159	242	
1416.70 - 1420.03	10	10			14	102	158	241	
1420.04 - 1423.36	10	10			13	101	157	240	
1423.37 - 1426.69	10	10			12	100	156	239	
1426.70 - 1430.03	10	10			11	99	155	238	
1430.04 - 1433.36	10	10			10	98	154	237	
1433.37 - 1436.69	10	10			9	97	153	236	
1436.70 - 1440.03	10	10			8	96	152	235	
1440.04 - 1443.36	10	10			7	95	151	234	
1443.37 - 1446.69	10	10			6	94	150	233	
1446.70 - 1450.03	10	10			6	93	149	232	
1450.04 - 1453.36	10	10			4	92	148	231	
1453.37 - 1456.69	10	10			4	91	147	230	
1456.70 - 1460.03	10	10			2	90	146	229	
1460.04 - 1463.36	10	10			2	89	145	228	
1463.37 - 1466.69	10	10				88	144	227	
1466.70 - 1470.03	10	10				87	143	226	
1470.04 - 1473.36	10	10				86	142	225	
1473.37 - 1476.69	10	10				85	141	224	
1476.70 - 1480.03	10	10				84	140	223	
1480.04 - 1483.36	10	10				83	139	222	
1483.37 - 1486.69	10	10				82	138	221	
1486.70 - 1490.03	10	10				81	137	220	
1490.04 - 1493.36	10	10				80	136	219	
1493.37 - 1496.69	10	10				79	135	218	

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1496.70 - 1500.03***	10	10				78	134	217
1500.04 - 1503.36	10	10				77	133	216
1503.37 - 1506.69	10	10				76	132	215
1506.70 - 1510.03	10	10				75	131	214
1510.04 - 1513.36	10	10				74	130	213
1513.37 - 1516.69	10	10				73	129	212
1516.70 - 1520.03	10	10				72	128	211
1520.04 - 1523.36	10	10				71	127	210
1523.37 - 1526.69	10	10				70	126	209
1526.70 - 1530.03	10	10				69	125	208
1530.04 - 1533.36	10	10				68	124	207
1533.37 - 1536.69	10	10				67	123	206
1536.70 - 1540.03	10	10				66	122	205
1540.04 - 1543.36	10	10				65	121	204
1543.37 - 1546.69	10	10				64	120	203
1546.70 - 1550.03	10	10				63	119	202
1550.04 - 1553.36	10	10				62	118	201
1553.37 - 1556.69	10	10				61	117	200
1556.70 - 1560.03**	10	10				60	116	199
1560.04 - 1563.36	10	10				59	115	198
1563.37 - 1566.69	10	10				58	114	197
1566.70 - 1570.03	10	10				57	113	196
1570.04 - 1573.36	10	10				56	112	195
1573.37 - 1576.69	10	10				55	111	194
1576.70 - 1580.03	10	10				54	110	193
1580.04 - 1583.36	10	10				53	109	192
1583.37 - 1586.69	10	10				52	108	191
1586.70 - 1590.03	10	10				51	107	190
1590.04 - 1593.36	10	10				50	106	189
1593.37 - 1596.69	10	10				49	105	188

** Check Maximum Net Income Standards (364.970)

*** Benefits Available Only to Categorically Eligible Households (365.180)

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COUPON ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons
1596.70 - 1600.03***	10	10				48	104	187
1600.04 - 1603.36	10	10				47	103	186
1603.37 - 1606.69	10	10				46	102	185
1606.70 - 1610.03	10	10				45	101	184
1610.04 - 1613.36	10	10				44	100	183
1613.37 - 1616.69	10	10				43	99	182
1616.70 - 1620.03	10	10				42	98	181
1620.04 - 1623.36	10	10				41	97	180
1623.37 - 1626.69	10	10				40	96	179
1626.70 - 1630.03	10	10				39	95	178
1630.04 - 1633.36	10	10				38	94	177
1633.37 - 1636.69	10	10				37	93	176
1636.70 - 1640.03	10	10				36	92	175
1640.04 - 1643.36	10	10				35	91	174
1643.37 - 1646.69	10	10				34	90	173
1646.70 - 1650.03	10	10				33	89	172
1650.04 - 1653.36	10	10				32	88	171
1653.37 - 1656.69	10	10				31	87	170
1656.70 - 1660.03	10	10				30	86	169
1660.04 - 1663.36	10	10				29	85	168
1663.37 - 1666.69	10	10				28	84	167
1666.70 - 1670.03	10	10				27	83	166
1670.04 - 1673.36	10	10				26	82	165
1673.37 - 1676.69	10	10				25	81	164
1676.70 - 1680.03	10	10				24	80	163
1680.04 - 1683.36	10	10				23	79	162
1683.37 - 1686.69	10	10				22	78	161
1686.70 - 1690.03	10	10				21	77	160
1690.04 - 1693.36	10	10				20	76	159
1693.37 - 1696.69	10	10				19	75	158

*** Benefits Available Only to Categorically Eligible Households (365.180)

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FOOD STAMP PROGRAM ISSUANCE TABLES

COUPON ALLOTMENTS BY HOUSEHOLD SIZE									
Monthly Net Income	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons	
1696.70 - 1700.03***	10	10				18	74	157	
1700.04 - 1703.36	10	10				17	73	156	
1703.37 - 1706.69	10	10				16	72	155	
1706.70 - 1710.03	10	10				15	71	154	
1710.04 - 1713.36	10	10				14	70	153	
1713.37 - 1716.69	10	10				13	69	152	
1716.70 - 1720.03	10	10				12	68	151	
1720.04 - 1723.36	10	10				11	67	150	
1723.37 - 1726.69	10	10				10	66	149	
1726.70 - 1730.03	10	10				9	65	148	
1730.04 - 1733.36	10	10				8	64	147	
1733.37 - 1736.69	10	10				7	63	146	
1736.70 - 1740.03	10	10				6	62	145	
1740.04 - 1743.36	10	10				6	61	144	
1743.37 - 1746.69	10	10				4	60	143	
1746.70 - 1750.03	10	10				4	59	142	
1750.04 - 1753.36	10	10				2	58	141	
1753.37 - 1756.69	10	10				2	57	140	
1756.70 - 1760.03**	10	10					56	139	
1760.04 - 1763.36	10	10					55	138	
1763.37 - 1766.69	10	10					54	137	
1766.70 - 1770.03	10	10					53	136	
1770.04 - 1773.36	10	10					52	135	
1773.37 - 1776.69	10	10					51	134	
1776.70 - 1780.03	10	10					50	133	
1780.04 - 1783.36	10	10					49	132	
1783.37 - 1786.69	10	10					48	131	
1786.70 - 1790.03	10	10					47	130	
1790.04 - 1793.36	10	10					46	129	
1793.37 - 1796.69	10	10					45	128	

** Check Maximum Net Income Standards (364.970)

*** Benefits Available Only to Categorically Eligible Households (365.180)

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FOOD STAMP PROGRAM ISSUANCE TABLES

COUPON ALLOTMENTS BY HOUSEHOLD SIZE									
Monthly Net Income	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons	
1796.70 - 1800.03***	10	10					44	127	
1800.04 - 1803.36	10	10					43	126	
1803.37 - 1806.69	10	10					42	125	
1806.70 - 1810.03	10	10					41	124	
1810.04 - 1813.36	10	10					40	123	
1813.37 - 1816.69	10	10					39	122	
1816.70 - 1820.03	10	10					38	121	
1820.04 - 1823.36	10	10					37	120	
1823.37 - 1826.69	10	10					36	119	
1826.70 - 1830.03	10	10					35	118	
1830.04 - 1833.36	10	10					34	117	
1833.37 - 1836.69	10	10					33	116	
1836.70 - 1840.03	10	10					32	115	
1840.04 - 1843.36	10	10					31	114	
1843.37 - 1846.69	10	10					30	113	
1846.70 - 1850.03	10	10					29	112	
1850.04 - 1853.36	10	10					28	111	
1853.37 - 1856.69	10	10					27	110	
1856.70 - 1860.03	10	10					26	109	
1860.04 - 1863.36	10	10					25	108	
1863.37 - 1866.69	10	10					24	107	
1866.70 - 1870.03	10	10					23	106	
1870.04 - 1873.36	10	10					22	105	
1873.37 - 1876.69	10	10					21	104	
1876.70 - 1880.03	10	10					20	103	
1880.04 - 1883.36	10	10					19	102	
1883.37 - 1886.69	10	10					18	101	
1886.70 - 1890.03	10	10					17	100	
1890.04 - 1893.36	10	10					16	99	
1893.37 - 1896.69	10	10					15	98	

*** Benefits Available Only to Categorically Eligible Households (365.180)

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FOOD STAMP PROGRAM ISSUANCE TABLES

COUPON ALLOTMENTS BY HOUSEHOLD SIZE									
Monthly Net Income	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons	
1896.70 - 1900.03***	10	10					14		97
1900.04 - 1903.36	10	10					13		96
1903.37 - 1906.69	10	10					12		95
1906.70 - 1910.03	10	10					11		94
1910.04 - 1913.36	10	10					10		93
1913.37 - 1916.69	10	10					9		92
1916.70 - 1920.03	10	10					8		91
1920.04 - 1923.36	10	10					7		90
1923.37 - 1926.69	10	10					6		89
1926.70 - 1930.03	10	10					6		88
1930.04 - 1933.36	10	10					4		87
1933.37 - 1936.69	10	10					4		86
1936.70 - 1940.03	10	10					2		85
1940.04 - 1943.36	10	10					2		84
1943.37 - 1946.69	10	10							83
1946.70 - 1950.03	10	10							82
1950.04 - 1953.36	10	10							81
1953.37 - 1956.69**	10	10							80
1956.70 - 1960.03	10	10							79
1960.04 - 1963.36	10	10							78
1963.37 - 1966.69	10	10							77
1966.70 - 1970.03	10	10							76
1970.04 - 1973.36	10	10							75
1973.37 - 1976.69	10	10							74
1976.70 - 1980.03	10	10							73
1980.04 - 1983.36	10	10							72
1983.37 - 1986.69	10	10							71
1986.70 - 1990.03	10	10							70
1990.04 - 1993.36	10	10							69
1993.37 - 1996.69	10	10							68

** Check Maximum Net Income Standards (364.970)

*** Benefits Available Only to Categorically Eligible Households (365.180)

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FOOD STAMP PROGRAM ISSUANCE TABLES

COUPON ALLOTMENTS BY HOUSEHOLD SIZE									
Monthly Net Income	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons	
1996.70 - 2000.03***	10	10							67
2000.04 - 2003.36	10	10							66
2003.37 - 2006.69	10	10							65
2006.70 - 2010.03	10	10							64
2010.04 - 2013.36	10	10							63
2013.37 - 2016.69	10	10							62
2016.70 - 2020.03	10	10							61
2020.04 - 2023.36	10	10							60
2023.37 - 2026.69	10	10							59
2026.70 - 2030.03	10	10							58
2030.04 - 2033.36	10	10							57
2033.37 - 2036.69	10	10							56
2036.70 - 2040.03	10	10							55
2040.04 - 2043.36	10	10							54
2043.37 - 2046.69	10	10							53
2046.70 - 2050.03	10	10							52
2050.04 - 2053.36	10	10							51
2053.37 - 2056.69	10	10							50
2056.70 - 2060.03	10	10							49
2060.04 - 2063.36	10	10							48
2063.37 - 2066.69	10	10							47
2066.70 - 2070.03	10	10							46
2070.04 - 2073.36	10	10							45
2073.37 - 2076.69	10	10							44
2076.70 - 2080.03	10	10							43
2080.04 - 2083.36	10	10							42
2083.37 - 2086.69	10	10							41
2086.70 - 2090.03	10	10							40
2090.04 - 2093.36	10	10							39
2093.37 - 2096.69	10	10							38

*** Benefits Available Only to Categorically Eligible Households (365.180)

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FOOD STAMP PROGRAM ISSUANCE TABLES

COUPON ALLOTMENTS BY HOUSEHOLD SIZE											
Monthly Net Income	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons			
2096.70 - 2100.03***	10	10							37		
2100.04 - 2103.36	10	10							36		
2103.37 - 2106.69	10	10							35		
2106.70 - 2110.03	10	10							34		
2110.04 - 2113.36	10	10							33		
2113.37 - 2116.69	10	10							32		
2116.70 - 2120.03	10	10							31		
2120.04 - 2123.36	10	10							30		
2123.37 - 2126.69	10	10							29		
2126.70 - 2130.03	10	10							28		
2130.04 - 2133.36	10	10							27		
2133.37 - 2136.69	10	10							26		
2136.70 - 2140.03	10	10							25		
2140.04 - 2143.36	10	10							24		
2143.37 - 2146.69	10	10							23		
2146.70 - 2150.03	10	10							22		
2150.04 - 2153.36	10	10							21		
2153.37 - 2156.69	10	10							20		
2156.70 - 2160.03	10	10							19		
2160.04 - 2163.36	10	10							18		
2163.37 - 2166.69	10	10							17		
2166.70 - 2170.03	10	10							16		
2170.04 - 2173.36	10	10							15		
2173.37 - 2176.69	10	10							14		
2176.70 - 2180.03	10	10							13		
2180.04 - 2183.36	10	10							12		
2183.37 - 2186.69	10	10							11		
2186.70 - 2190.03	10	10							10		
2190.04 - 2193.36	10	10							9		
2193.37 - 2196.69	10	10							8		

*** Benefits Available Only to Categorically Eligible Households (365.180)

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud. The document also outlines the responsibilities of individuals involved in the process, including the need for transparency and accountability.

Table 1: Summary of Key Findings				
Category	Item	Value	Unit	Notes
Revenue	Item A	100	USD	Revenue from Item A
	Item B	200	USD	Revenue from Item B
Expenses	Item C	50	USD	Expense for Item C
	Item D	150	USD	Expense for Item D
Total		100	USD	Net Revenue

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FOOD STAMP PROGRAM ISSUANCE TABLES

COUPON ALLOTMENTS BY HOUSEHOLD SIZE									
Monthly Net Income	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons	
2196.70 - 2200.03***	10	10							7
2200.04 - 2203.36	10	10							6
2203.37 - 2206.69	10	10							6
2206.70 - 2210.03	10	10							4
2210.04 - 2213.36	10	10							4
2213.37 - 2216.69	10	10							2
2216.70 - 2220.03	10	10							2

*** Benefits Available Only to Categorically Eligible Households (365.180)

FOOD STAMP ALLOTMENT PROPORTION TABLE																														
MONTHLY ALLOTMENT	DAY OF CYCLICAL MONTH																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	11	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	12	11	11	10	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	13	12	12	11	11	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	14	13	13	12	12	11	11	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	15	14	14	13	13	12	12	11	11	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	16	15	14	14	13	13	12	12	11	11	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	17	16	15	15	14	14	13	13	12	12	11	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	18	17	16	16	15	15	14	14	13	13	12	12	11	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	19	18	17	17	16	16	15	15	14	14	13	12	12	11	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	20	19	18	18	17	16	16	15	14	14	13	12	12	11	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	21	20	19	19	18	17	16	16	15	14	14	13	12	11	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	22	21	20	19	19	18	17	16	16	15	14	13	13	12	11	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0
23	23	22	21	20	19	18	17	16	16	15	14	13	13	12	11	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0
24	24	23	22	21	20	19	18	17	16	15	14	13	13	12	11	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0
25	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0
26	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	10	0	0	0	0	0	0	0	0	0	0	0	0
27	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	10	0	0	0	0	0	0	0	0	0	0	0
28	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	10	0	0	0	0	0	0	0	0	0	0
29	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	10	0	0	0	0	0	0	0	0	0
30	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	10	0	0	0	0	0	0	0	0
31	31	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	10	0	0	0	0	0	0	0	0
32	32	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	14	13	12	11	10	10	0	0	0	0	0	0	0	0
33	33	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	10	0	0	0	0	0	0
34	34	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	10	0	0	0	0	0
35	35	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	10	0	0	0	0
36	36	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	10	0	0	0
37	37	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	10	0	0
38	38	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	10	0
39	39	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	10
40	40	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10

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FOOD STAMP ALLOTMENT PRORATION TABLE

MONTHLY		DAY OF CYCLICAL MONTH																													
ALLOTMENT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
41	41	39	38	36	35	34	32	31	30	28	27	25	24	23	21	20	19	17	16	15	13	12	10	0	0	0	0	0	0	0	0
42	42	40	39	37	36	35	33	32	30	29	28	26	25	23	22	21	19	18	16	15	14	12	11	0	0	0	0	0	0	0	0
43	43	41	40	38	37	35	34	32	31	30	28	27	25	24	22	21	20	18	17	15	14	12	11	10	0	0	0	0	0	0	0
44	44	42	41	39	38	36	35	33	32	30	29	27	26	24	23	22	20	19	17	16	14	13	11	10	0	0	0	0	0	0	0
45	45	43	42	40	39	37	36	34	33	31	30	28	27	25	24	22	21	19	18	16	15	13	12	10	0	0	0	0	0	0	0
46	46	44	42	41	39	38	36	35	33	32	30	29	27	26	24	23	21	19	18	16	15	13	12	10	0	0	0	0	0	0	0
47	47	45	43	42	40	39	37	36	34	32	31	29	28	26	25	23	21	20	18	17	15	14	12	10	0	0	0	0	0	0	0
48	48	46	44	43	41	40	38	36	35	33	32	30	28	27	25	24	22	20	19	17	16	14	13	11	0	0	0	0	0	0	0
49	49	47	45	44	42	40	39	37	35	34	32	31	29	27	26	24	22	21	19	17	16	14	13	11	0	0	0	0	0	0	0
50	50	48	46	45	43	41	40	38	36	35	33	31	30	28	26	25	23	21	20	18	16	15	13	11	0	0	0	0	0	0	0
51	51	49	47	45	44	42	40	39	37	35	34	32	30	28	27	25	23	22	20	18	17	15	13	11	0	0	0	0	0	0	0
52	52	50	48	46	45	43	41	39	38	36	34	32	31	29	27	26	24	22	20	19	17	15	13	12	10	0	0	0	0	0	0
53	53	51	49	47	45	44	42	40	38	37	35	33	31	30	28	26	24	22	21	19	17	15	14	12	10	0	0	0	0	0	0
54	54	52	50	48	46	45	43	41	39	37	36	34	32	30	28	27	25	23	21	19	18	16	14	12	10	0	0	0	0	0	0
55	55	53	51	49	47	45	44	42	40	38	36	34	33	31	29	27	25	23	22	20	18	16	14	12	11	0	0	0	0	0	0
56	56	54	52	50	48	46	44	42	41	39	37	35	33	31	29	28	26	24	22	20	18	16	14	13	11	0	0	0	0	0	0
57	57	55	53	51	49	47	45	43	41	39	38	36	34	32	30	28	26	24	22	20	19	17	15	13	11	0	0	0	0	0	0
58	58	56	54	52	50	48	46	44	42	40	38	36	34	32	30	29	27	25	23	21	19	17	15	13	11	0	0	0	0	0	0
59	59	57	55	53	51	49	47	45	43	41	39	37	35	33	31	29	27	25	23	21	19	17	15	13	11	0	0	0	0	0	0
60	60	58	56	54	52	50	48	46	44	42	40	38	36	34	32	30	28	26	24	22	20	18	16	14	12	10	0	0	0	0	0
61	61	58	56	54	52	50	48	46	44	42	40	38	36	34	32	30	28	26	24	22	20	18	16	14	12	10	0	0	0	0	0
62	62	59	57	55	53	51	49	47	45	43	41	39	37	35	33	31	28	26	24	22	20	18	16	14	12	10	0	0	0	0	0
63	63	60	58	56	54	52	50	48	46	44	42	39	37	35	33	31	29	27	25	23	21	18	16	14	12	10	0	0	0	0	0
64	64	61	59	57	55	53	51	49	46	44	42	40	38	36	34	32	29	27	25	23	21	19	17	14	12	10	0	0	0	0	0
65	65	62	60	58	56	54	52	49	47	45	43	41	39	36	34	32	30	28	26	23	21	19	17	15	13	10	0	0	0	0	0
66	66	63	61	59	57	55	52	50	48	46	44	41	39	37	35	33	30	28	26	24	22	19	17	15	13	11	0	0	0	0	0
67	67	64	62	60	58	55	53	51	49	46	44	42	40	37	35	33	31	29	26	24	22	20	17	15	13	11	0	0	0	0	0
68	68	65	63	61	58	56	54	52	49	47	45	43	40	38	36	34	31	29	27	24	22	20	18	15	13	11	0	0	0	0	0
69	69	66	64	62	59	57	55	52	50	48	46	43	41	39	36	34	32	29	27	25	23	20	18	16	13	11	0	0	0	0	0
70	70	67	65	63	60	58	56	53	51	49	46	44	42	39	37	35	32	30	28	25	23	21	18	16	14	11	0	0	0	0	0
71	71	68	66	63	61	59	56	54	52	49	47	44	42	40	37	35	33	30	28	26	23	21	18	16	14	11	0	0	0	0	0
72	72	69	67	64	62	60	57	55	52	50	48	45	43	40	38	36	33	31	28	26	24	21	19	16	14	12	0	0	0	0	0
73	73	70	68	65	63	60	58	55	53	51	48	46	43	41	38	36	34	31	29	26	24	21	19	17	14	12	0	0	0	0	0
74	74	71	69	66	64	61	59	56	54	51	49	46	44	41	39	37	34	32	29	27	24	22	19	17	14	12	0	0	0	0	0
75	75	72	70	67	65	62	60	57	55	52	50	47	45	42	40	37	35	32	30	27	25	22	20	17	15	12	10	0	0	0	0
76	76	73	70	68	65	63	60	58	55	53	50	48	45	43	40	38	35	32	30	27	25	22	20	17	15	12	10	0	0	0	0
77	77	74	71	69	66	64	61	59	56	54	51	48	46	43	41	38	35	33	30	28	25	23	20	17	15	12	10	0	0	0	0
78	78	75	72	70	67	65	62	59	57	54	52	49	46	44	41	39	36	33	31	28	26	23	20	18	15	12	10	0	0	0	0
79	79	76	73	71	68	65	63	60	57	55	52	50	47	44	42	39	36	34	31	28	26	23	21	18	15	13	10	0	0	0	0
80	80	77	74	72	69	66	64	61	58	56	53	50	48	45	42	40	37	34	32	29	26	24	21	18	16	13	10	0	0	0	0

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FOOD STAMP ALLOTMENT PRORATION TABLE

MONTHLY ALLOTMENT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
A1	81	78	75	72	70	67	64	62	59	56	53	51	48	45	43	40	37	35	32	29	27	24	21	18	16	13	10	0	0	0
A2	82	79	76	73	71	68	65	62	60	57	54	51	49	46	43	41	38	35	32	30	27	24	21	19	16	13	10	0	0	0
A3	83	80	77	74	71	69	66	63	60	58	55	52	49	47	44	41	38	35	33	30	27	24	22	19	16	13	11	0	0	0
A4	84	81	78	75	72	70	67	64	61	59	55	53	50	47	44	42	39	36	33	30	28	25	22	19	16	13	11	0	0	0
A5	85	82	79	76	73	70	68	65	62	59	56	53	51	48	45	42	39	36	34	31	28	25	22	19	17	14	11	0	0	0
A6	86	83	80	77	74	71	68	65	63	60	57	54	51	48	45	43	40	37	34	31	28	25	22	20	17	14	11	0	0	0
A7	87	84	81	78	75	72	69	66	63	60	57	55	52	49	46	43	40	37	34	31	29	26	23	20	17	14	11	0	0	0
A8	88	85	82	79	76	73	70	67	64	61	58	55	52	49	46	44	41	38	35	32	29	26	23	20	17	14	11	0	0	0
A9	89	86	83	80	77	74	71	68	65	62	59	56	53	50	47	44	41	38	35	32	29	26	23	20	17	14	11	0	0	0
90	90	86	84	81	77	75	72	68	66	63	59	57	54	50	48	45	41	39	36	32	30	27	23	21	18	14	12	0	0	0
91	91	87	84	81	78	75	72	69	66	63	60	57	54	51	48	45	42	39	36	33	30	27	24	21	18	15	12	0	0	0
92	92	88	85	82	79	76	73	70	67	64	61	58	55	52	49	46	42	39	36	33	30	27	24	21	18	15	12	0	0	0
93	93	89	86	83	80	77	74	71	68	65	61	58	55	52	49	46	43	40	37	34	31	27	24	21	18	15	12	0	0	0
94	94	90	87	84	81	78	75	72	68	65	62	59	56	53	50	47	43	40	37	34	31	28	25	21	18	15	12	0	0	0
95	95	91	88	85	82	79	76	72	69	66	63	60	57	53	50	47	44	41	38	34	31	28	25	22	19	15	12	0	0	0
96	96	92	89	86	83	80	76	73	70	67	63	60	57	54	51	48	44	41	38	35	32	28	25	22	19	15	12	0	0	0
97	97	93	90	87	84	80	77	74	71	67	64	61	58	54	51	48	45	42	38	35	32	29	25	22	19	16	12	0	0	0
98	98	94	91	88	84	81	78	75	71	68	65	62	58	55	52	49	45	42	39	35	32	29	26	22	19	16	13	0	0	0
99	99	95	92	89	85	82	79	75	72	69	65	62	59	56	52	49	46	42	39	36	33	29	26	23	19	16	13	0	0	0
100	100	96	93	90	86	83	80	76	73	70	66	63	60	56	53	50	46	43	40	36	33	30	26	23	20	16	13	10	0	0
101	101	97	94	90	87	84	80	77	74	70	67	63	60	57	53	50	47	43	40	37	33	30	26	23	20	16	13	10	0	0
102	102	98	95	91	88	85	81	78	74	71	67	64	61	57	54	51	47	44	40	37	34	30	27	23	20	16	13	10	0	0
103	103	99	96	92	89	85	82	78	75	72	68	65	61	58	54	51	48	44	41	37	34	30	27	24	20	17	13	10	0	0
104	104	100	97	93	90	86	83	79	76	72	69	65	62	58	55	52	48	45	41	38	34	31	27	24	20	17	13	10	0	0
105	105	101	98	94	90	87	84	80	77	73	69	66	63	59	56	52	48	45	42	38	35	31	27	24	21	17	14	10	0	0
106	106	102	98	95	91	88	84	81	77	74	70	67	63	60	56	53	49	45	42	38	35	31	28	24	21	17	14	10	0	0
107	107	103	99	96	92	89	85	82	78	74	71	67	64	60	57	53	49	46	42	39	35	32	28	24	21	17	14	10	0	0
108	108	104	100	97	93	90	86	82	79	75	71	68	64	61	57	54	50	46	43	39	36	32	28	25	21	17	14	10	0	0
109	109	105	101	98	94	90	87	83	79	74	72	69	65	61	58	54	50	47	43	39	36	32	29	25	21	18	14	10	0	0
110	110	106	102	99	95	91	88	84	80	77	73	69	66	62	58	55	51	47	44	40	36	33	29	25	22	18	14	11	0	0
111	111	107	103	99	96	92	88	85	81	77	73	70	66	62	58	55	51	48	44	40	37	33	29	25	22	18	14	11	0	0
112	112	108	104	100	97	93	89	85	82	78	74	70	67	63	59	56	52	48	44	41	37	33	29	26	22	18	14	11	0	0
113	113	109	105	101	97	94	90	86	82	79	75	71	67	64	60	56	52	48	45	41	37	33	30	26	22	18	15	11	0	0
114	114	110	106	102	98	95	91	87	83	79	75	72	68	64	60	57	53	49	45	41	38	34	30	26	22	18	15	11	0	0
115	115	111	107	103	99	95	92	88	84	80	76	72	69	65	61	57	53	49	46	42	38	34	30	26	23	19	15	11	0	0
116	116	112	108	104	100	96	92	88	85	81	77	73	70	66	62	58	54	50	46	42	38	34	30	27	23	19	15	11	0	0
117	117	113	109	105	101	97	93	89	85	81	77	74	70	66	62	58	54	50	46	42	39	35	31	27	23	19	15	11	0	0
118	118	114	110	106	102	98	94	90	86	82	78	74	70	66	62	58	54	50	46	42	39	35	31	27	23	19	15	11	0	0
119	119	115	111	107	103	99	95	91	87	83	79	75	71	67	63	59	55	51	47	43	39	35	31	27	23	19	15	11	0	0
120	120	115	112	108	104	100	96	92	88	84	80	76	72	67	64	60	55	52	48	43	40	36	31	28	24	19	16	12	0	0

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FOOD STAMP ALLOTMENT PRORATION TABLE																														
MONTHLY ALLOTMENT	DAY OF CYCLICAL MONTH																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
121	121	116	112	104	104	100	96	92	84	84	80	76	72	68	64	60	56	52	48	44	40	36	32	28	24	20	16	12	0	0
122	122	117	113	109	105	101	97	93	89	85	81	77	73	69	65	61	56	52	48	44	40	36	32	28	24	20	16	12	0	0
123	123	118	114	110	106	102	98	94	90	86	81	77	73	69	65	61	57	53	49	45	41	36	32	28	24	20	16	12	0	0
124	124	119	115	111	107	103	99	95	90	86	82	78	74	70	66	62	57	53	49	45	41	37	33	28	24	20	16	12	0	0
125	125	120	116	112	108	104	100	95	91	87	83	79	75	70	66	62	58	54	50	45	41	37	33	29	25	20	16	12	0	0
126	126	121	117	113	109	105	100	96	92	88	83	79	75	71	67	63	58	54	50	46	42	37	33	29	25	20	16	12	0	0
127	127	122	118	114	110	105	101	97	93	88	84	80	76	71	67	63	59	55	50	46	42	38	33	29	25	21	16	12	0	0
128	128	123	119	115	110	106	102	98	93	89	85	81	76	72	68	64	59	55	51	46	42	38	34	29	25	21	17	12	0	0
129	129	124	120	116	111	107	103	98	94	90	85	81	77	73	68	64	60	55	51	47	43	38	34	30	25	21	17	12	0	0
130	130	125	121	117	112	108	104	99	95	91	86	82	78	73	69	65	60	56	52	47	43	39	34	30	26	21	17	13	0	0
131	131	126	122	117	113	109	104	100	96	91	87	82	78	74	69	65	61	56	52	48	43	39	34	30	26	21	17	13	0	0
132	132	127	123	118	114	110	105	101	96	92	87	83	79	74	70	66	61	57	52	48	44	39	35	30	26	21	17	13	0	0
133	133	128	124	119	115	110	106	101	97	93	88	84	79	75	70	66	62	57	53	48	44	39	35	31	26	22	17	13	0	0
134	134	129	125	120	116	111	107	102	98	94	89	84	80	75	71	67	62	58	53	49	44	40	35	31	26	22	17	13	0	0
135	135	130	126	121	116	112	108	103	99	94	89	85	81	76	72	67	62	58	54	49	45	40	35	31	27	22	18	13	0	0
136	136	131	126	122	117	113	108	104	99	95	90	86	81	77	72	68	63	58	54	49	45	40	36	31	27	22	18	13	0	0
137	137	132	127	123	118	114	109	105	100	96	91	86	82	77	73	68	63	59	54	50	45	41	36	31	27	22	18	13	0	0
138	138	133	128	124	119	115	110	105	101	96	91	87	82	78	73	69	64	59	55	50	46	41	36	32	27	22	18	13	0	0
139	139	134	129	125	120	115	110	105	101	97	92	88	83	78	74	69	64	60	55	50	46	41	37	32	27	23	18	13	0	0
140	140	135	130	126	121	116	112	107	102	98	93	88	84	79	74	70	65	60	56	51	46	42	37	32	28	23	18	14	0	0
141	141	136	131	126	122	117	112	108	103	98	93	89	84	79	75	70	65	61	56	51	47	42	37	32	28	23	18	14	0	0
142	142	137	132	127	123	118	113	108	104	99	94	89	85	80	75	71	66	61	56	52	47	42	37	33	28	23	18	14	0	0
143	143	138	133	128	124	119	114	109	104	100	95	90	85	81	76	71	66	61	57	52	47	42	38	33	28	23	19	14	0	0
144	144	139	134	129	124	120	115	110	105	100	95	91	86	81	76	72	67	62	57	52	48	43	38	33	28	23	19	14	0	0
145	145	140	135	130	125	120	116	111	106	101	96	91	87	82	77	72	67	62	58	53	48	43	38	33	29	24	19	14	0	0
146	146	141	136	131	126	121	116	111	107	102	97	92	87	82	77	73	68	63	58	53	48	43	38	34	29	24	19	14	0	0
147	147	142	137	132	127	122	117	112	107	102	97	93	88	83	78	73	68	63	58	53	49	44	39	34	29	24	19	14	0	0
148	148	143	138	133	128	123	118	113	108	103	98	93	88	83	78	74	69	64	59	54	49	44	39	34	29	24	19	14	0	0
149	149	144	139	134	129	124	119	114	109	104	99	94	89	84	79	74	69	64	59	54	49	44	39	34	29	24	19	14	0	0
150	150	144	140	135	129	125	120	114	110	105	99	95	90	84	80	75	69	65	60	54	50	45	39	35	30	24	20	15	0	0
151	151	145	140	135	130	125	120	115	110	105	100	95	90	85	80	75	70	65	60	55	50	45	40	35	30	25	20	15	10	0
152	152	146	141	136	131	126	121	116	111	106	101	96	91	86	81	76	70	65	60	55	50	45	40	35	30	25	20	15	10	0
153	153	147	142	137	132	127	122	117	112	107	101	96	91	86	81	76	71	66	61	56	50	45	40	35	30	25	20	15	10	0
154	154	148	143	138	133	128	123	118	112	107	102	97	92	87	82	77	71	66	61	56	51	46	41	35	30	25	20	15	10	0
155	155	149	144	139	134	129	124	118	113	108	103	98	93	87	82	77	72	67	62	56	51	46	41	36	31	25	20	15	10	0
156	156	150	145	140	135	129	124	119	114	109	103	98	93	88	83	78	72	67	62	57	51	46	41	36	31	25	20	15	10	0
157	157	151	146	141	136	130	125	120	115	109	104	99	94	88	83	78	73	68	62	57	52	47	41	36	31	26	20	15	10	0
158	158	152	147	142	136	131	126	121	115	110	105	100	94	89	84	79	73	68	63	57	52	47	42	36	31	26	21	15	10	0
159	159	153	148	143	137	132	127	121	116	111	105	100	95	90	84	79	74	68	63	58	52	47	42	37	31	26	21	15	10	0
160	160	154	149	144	138	133	128	122	117	112	106	101	96	90	85	80	74	69	64	58	53	48	42	37	32	26	21	16	10	0

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FOOD STAMP ALLOTMENT PRORATION TABLE																														
MONTHLY ALLOTMENT	DAY OF CYCLICAL MONTH																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
161	161	155	190	144	139	134	128	123	118	112	107	101	96	91	85	80	75	69	64	59	53	48	42	37	32	26	21	16	10	0
162	162	156	151	145	140	134	129	124	118	113	107	102	97	91	86	81	75	70	64	59	53	48	43	37	32	26	21	16	10	0
163	163	157	152	146	141	135	130	124	119	114	108	103	97	92	86	81	76	70	65	59	54	48	43	38	32	27	21	16	10	0
164	164	158	153	147	142	136	131	125	120	114	109	103	98	92	87	82	76	71	65	60	54	49	43	38	32	27	21	16	10	0
165	165	159	153	148	142	137	132	126	120	115	109	104	99	93	87	82	76	71	66	60	54	49	43	38	33	27	21	16	10	0
166	166	160	154	149	143	138	132	127	121	116	110	105	99	94	88	83	77	71	66	60	55	49	44	38	33	27	22	16	11	0
167	167	161	155	150	144	139	133	128	122	116	111	105	100	94	89	83	77	72	66	61	55	50	44	38	33	27	22	16	11	0
168	168	162	156	151	145	139	134	128	123	117	111	106	100	95	89	84	78	72	67	61	55	50	44	39	33	27	22	16	11	0
169	169	163	157	152	146	140	135	129	123	118	112	107	101	95	90	84	78	73	67	61	56	50	45	39	33	28	22	16	11	0
170	170	164	158	153	147	141	136	130	124	119	113	107	102	96	90	85	79	73	68	62	56	51	45	39	34	28	22	17	11	0
171	171	165	159	153	148	142	136	131	125	119	113	108	102	96	91	85	79	74	68	62	56	51	45	39	34	28	22	17	11	0
172	172	166	160	154	149	143	137	131	126	120	114	108	103	97	91	86	80	74	68	63	57	51	45	40	34	28	22	17	11	0
173	173	167	161	155	149	144	138	132	126	121	115	109	103	98	92	86	80	74	69	63	57	51	46	40	34	28	23	17	11	0
174	174	168	162	156	150	144	139	133	127	121	115	110	104	98	92	87	81	75	69	63	57	52	46	40	34	28	23	17	11	0
175	175	169	163	157	151	145	140	134	128	122	116	110	105	99	93	87	81	75	70	64	58	52	46	40	35	29	23	17	11	0
176	176	170	164	158	152	146	140	134	129	123	117	111	105	99	93	88	82	76	70	64	58	52	46	41	35	29	23	17	11	0
177	177	171	165	159	153	147	141	135	129	123	117	112	106	100	94	88	82	76	70	64	58	53	47	41	35	29	23	17	11	0
178	178	172	166	160	154	148	142	136	130	124	118	112	106	100	94	89	83	77	71	65	59	53	47	41	35	29	23	17	11	0
179	179	173	167	161	155	149	143	137	131	125	119	113	107	101	95	89	83	77	71	65	59	53	47	41	35	29	23	17	11	0
180	180	174	168	162	156	150	144	138	132	126	120	114	108	102	96	90	84	78	72	66	60	54	48	42	36	30	24	18	11	0
181	181	174	164	162	156	150	144	138	132	126	120	114	108	102	96	90	84	78	72	66	60	54	48	42	36	30	24	18	12	0
182	182	175	169	163	157	151	145	139	133	127	121	115	109	103	97	91	84	78	72	66	60	54	48	42	36	30	24	18	12	0
183	183	176	170	164	158	152	146	140	134	128	121	115	109	103	97	91	85	79	73	67	61	55	49	42	36	30	24	18	12	0
184	184	177	171	165	159	153	147	141	134	128	122	116	110	104	98	92	85	79	73	67	61	55	49	42	36	30	24	18	12	0
185	185	178	172	166	160	154	148	141	135	129	123	117	111	104	98	92	86	80	74	67	61	55	49	43	37	30	24	18	12	0
186	186	179	173	167	161	154	148	142	136	130	123	117	111	105	99	93	86	80	74	68	61	55	49	43	37	30	24	18	12	0
187	187	180	174	168	162	155	149	143	137	130	124	118	112	105	99	93	87	81	74	68	62	56	49	43	37	31	24	18	12	0
188	188	181	175	169	162	156	150	144	137	131	125	119	112	106	100	94	87	81	75	68	62	56	50	43	37	31	25	18	12	0
189	189	182	176	170	163	157	151	144	138	132	125	119	113	107	100	94	88	81	75	69	62	56	50	44	37	31	25	18	12	0
190	190	183	177	171	164	158	152	145	139	133	126	120	114	107	101	95	88	82	76	69	63	57	50	44	38	31	25	19	12	0
191	191	184	178	171	165	159	152	146	140	131	127	120	114	108	101	95	89	82	76	70	63	57	50	44	38	31	25	19	12	0
192	192	185	179	172	166	159	153	147	140	134	127	121	115	108	102	96	89	83	76	70	63	57	51	44	38	31	25	19	12	0
193	193	186	180	173	167	160	154	147	141	135	128	122	115	109	102	96	90	83	77	70	64	57	51	45	38	32	25	19	12	0
194	194	187	181	174	168	161	155	148	142	135	129	122	116	109	103	97	90	84	77	71	64	58	51	45	38	32	25	19	12	0
195	195	188	181	175	168	162	156	149	142	136	129	123	117	110	103	97	90	84	78	71	64	58	51	45	39	32	25	19	12	0
196	196	189	182	176	169	163	156	150	143	137	130	124	117	111	104	98	91	84	78	71	65	58	52	45	39	32	26	19	13	0
197	197	190	183	177	170	164	157	151	144	137	131	124	118	111	105	98	91	85	78	72	65	59	52	45	39	32	26	19	13	0
198	198	191	184	178	171	164	158	151	145	138	131	125	118	112	105	99	92	85	79	72	65	59	52	46	39	32	26	19	13	0
199	199	192	185	179	172	165	159	152	145	139	132	126	119	112	106	99	92	86	79	72	66	59	53	46	39	33	26	19	13	0
200	200	193	186	180	173	166	160	153	146	140	133	126	120	113	106	100	93	86	80	73	66	60	53	46	40	33	26	20	13	0

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MONTHLY ALLOTMENT	DAY OF CYCLICAL MONTH																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
201	194	187	180	174	167	160	154	147	140	133	127	120	113	107	100	93	87	80	73	66	60	53	46	40	33	26	20	13	0		
202	195	188	181	175	168	161	154	148	141	134	127	121	114	107	101	94	87	80	74	67	60	53	47	40	33	26	20	13	0		
203	196	189	182	175	169	162	155	148	142	135	128	121	115	108	101	94	87	81	74	67	60	54	47	40	33	27	20	13	0		
204	197	190	183	176	169	163	156	149	142	135	129	122	115	108	102	95	88	81	74	67	61	54	47	40	33	27	20	13	0		
205	198	191	184	177	170	164	157	150	143	136	129	123	116	109	102	95	88	82	75	68	61	54	47	41	34	27	20	13	0		
206	199	192	185	178	171	164	157	151	144	137	130	123	116	109	103	96	89	82	75	68	61	54	48	41	34	27	20	13	0		
207	200	193	186	179	172	165	158	151	144	137	131	124	117	110	103	96	89	82	75	68	62	55	48	41	34	27	20	13	0		
208	201	194	187	180	173	166	159	152	145	138	131	124	117	110	104	97	90	83	76	69	62	55	48	41	34	27	20	13	0		
209	202	195	188	181	174	167	160	153	146	139	132	125	118	111	104	97	90	83	76	69	62	55	48	41	34	27	20	13	0		
210	202	195	188	181	174	168	160	153	147	139	132	126	118	111	105	97	90	84	76	69	63	55	48	42	34	27	21	13	0		
211	203	196	189	182	175	168	161	154	147	140	133	126	119	112	105	98	91	84	77	70	63	56	49	42	35	28	21	14	0		
212	204	197	190	183	176	169	162	155	148	141	134	127	120	113	106	98	91	84	77	70	63	56	49	42	35	28	21	14	0		
213	205	198	191	184	177	170	163	156	149	141	134	127	120	113	106	99	92	85	78	70	63	56	49	42	35	28	21	14	0		
214	206	199	192	185	178	171	164	156	149	142	135	128	121	114	107	99	92	85	78	71	64	57	49	42	35	28	21	14	0		
215	207	200	193	186	179	172	164	157	150	143	136	129	121	114	107	100	93	86	78	71	64	57	50	43	35	28	21	14	0		
216	208	201	194	187	179	172	165	158	151	143	136	129	122	115	108	100	93	86	79	71	64	57	50	43	35	28	21	14	0		
217	209	202	195	188	180	173	166	159	151	144	137	130	122	115	108	101	94	86	79	72	65	57	50	43	36	28	21	14	0		
218	210	203	196	188	181	174	167	159	152	145	138	130	123	116	109	101	94	87	79	72	65	58	50	43	36	29	21	14	0		
219	211	204	197	189	182	175	167	160	153	145	138	131	124	116	109	102	94	87	80	72	65	58	51	43	36	29	21	14	0		
220	212	205	198	190	183	176	168	161	154	146	139	132	124	117	110	102	95	88	80	73	66	58	51	44	36	29	22	14	0		
221	213	206	198	191	184	176	169	162	154	147	139	132	125	117	110	103	95	88	81	73	66	58	51	44	36	29	22	14	0		
222	214	207	199	192	184	177	170	162	155	147	140	133	125	118	111	103	96	88	81	73	66	59	51	44	36	29	22	14	0		
223	215	208	200	193	185	178	170	163	156	148	141	133	126	118	111	104	96	89	81	74	66	59	52	44	37	29	22	14	0		
224	216	209	201	194	186	179	171	164	156	149	141	134	126	119	112	104	97	89	82	74	67	59	52	44	37	29	22	14	0		
225	217	209	202	194	187	180	172	164	157	149	142	135	127	119	112	104	97	90	82	74	67	59	52	45	37	29	22	14	0		
226	218	210	203	195	188	180	173	165	158	150	143	135	128	120	113	105	97	90	82	75	67	60	52	45	37	30	22	15	0		
227	219	211	204	196	189	181	174	166	159	151	143	136	128	121	113	105	98	90	83	75	68	60	52	45	37	30	22	15	0		
228	220	212	205	197	189	182	174	167	159	151	144	136	129	121	114	106	99	91	83	75	68	60	53	45	37	30	22	15	0		
229	221	213	206	198	190	183	175	167	160	152	145	137	129	122	114	106	99	91	83	76	68	61	53	45	38	30	22	15	0		
230	222	214	207	199	191	184	176	168	161	153	145	138	130	122	115	107	99	92	84	76	69	61	53	46	38	30	23	15	0		
231	223	215	207	200	192	184	177	169	161	153	146	138	130	123	115	107	100	92	84	76	69	61	53	46	38	30	23	15	0		
232	224	216	208	201	193	185	177	170	162	154	146	139	131	123	116	108	100	92	85	77	69	61	54	46	38	30	23	15	0		
233	225	217	209	201	194	186	178	170	163	155	147	139	132	124	116	108	100	93	85	77	69	62	54	46	38	31	23	15	0		
234	226	218	210	202	194	187	179	171	163	155	148	140	132	124	117	109	101	93	85	77	70	62	54	46	38	31	23	15	0		
235	227	219	211	203	195	188	180	172	164	156	148	141	133	125	117	109	101	94	86	78	70	62	54	47	39	31	23	15	0		
236	228	220	212	204	196	188	180	173	165	157	149	141	133	125	118	110	102	94	86	78	70	62	55	47	39	31	23	15	0		
237	229	221	213	205	197	189	181	173	165	157	150	142	134	126	118	110	102	94	86	78	71	63	55	47	39	31	23	15	0		
238	230	222	214	206	198	190	182	174	166	158	150	142	134	126	119	111	103	95	87	79	71	63	55	47	39	31	23	15	0		
239	231	223	215	207	199	191	183	175	167	159	151	143	135	127	119	111	103	95	87	79	71	63	55	47	39	31	23	15	0		
240	231	223	216	207	199	192	183	175	168	159	151	144	135	127	120	111	103	96	87	79	72	63	55	48	39	31	24	15	0		

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MONTHLY ALLOTMENT	DAY OF CYCLICAL MONTH																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
241	241	232	224	216	208	200	192	184	176	168	160	152	144	136	128	120	112	104	96	88	80	72	64	56	48	40	32	24	16	0
242	242	233	225	217	209	201	193	185	177	169	161	153	145	137	129	121	112	104	96	88	80	72	64	56	48	40	32	24	16	0
243	243	234	226	218	210	202	194	186	178	170	161	153	145	137	129	121	113	105	97	89	80	72	64	56	48	40	32	24	16	0
244	244	235	227	219	211	203	195	187	178	170	162	154	146	138	130	122	113	105	97	89	81	73	65	56	48	40	32	24	16	0
245	245	236	228	220	212	204	196	187	179	171	163	155	147	138	130	122	114	106	98	89	81	73	65	57	49	40	32	24	16	0
246	246	237	229	221	213	204	196	188	180	172	163	155	147	139	131	123	114	106	98	90	81	73	65	57	49	40	32	24	16	0
247	247	238	230	222	214	205	197	189	181	172	164	156	148	139	131	123	115	107	98	90	82	74	66	57	49	41	32	24	16	0
248	248	239	231	223	214	206	198	190	181	173	165	157	148	140	132	124	115	107	99	90	82	74	66	58	49	41	33	24	16	0
249	249	240	232	224	215	207	199	190	182	174	165	157	149	141	132	124	116	107	99	91	82	74	66	58	49	41	33	24	16	0
250	250	241	233	225	216	208	200	191	183	175	166	158	150	141	133	125	116	108	100	91	83	75	66	58	50	41	33	25	16	0
251	251	242	234	225	217	209	200	192	184	175	167	158	150	142	133	125	117	108	100	92	83	75	66	58	50	41	33	25	16	0
252	252	243	235	226	218	209	201	193	184	176	167	159	151	142	134	126	117	109	100	92	83	75	67	58	50	41	33	25	16	0
253	253	244	236	227	219	210	202	193	185	177	168	160	151	143	134	126	118	109	101	92	84	75	67	59	50	42	33	25	16	0
254	254	245	237	228	220	211	203	194	186	177	169	160	152	143	135	127	118	110	101	93	84	76	67	59	50	42	33	25	16	0
255	255	246	237	229	220	212	204	195	186	178	169	161	153	144	135	127	118	110	102	93	84	76	67	59	51	42	33	25	16	0
256	256	247	238	230	221	213	204	196	187	179	170	162	153	145	136	128	119	110	102	93	85	76	68	59	51	42	34	25	17	0
257	257	248	239	231	222	214	205	197	188	179	171	162	154	145	137	128	119	111	102	94	85	77	68	59	51	42	34	25	17	0
258	258	249	240	232	223	214	206	197	189	180	171	163	154	146	137	129	120	111	103	94	85	77	68	60	51	42	34	25	17	0
259	259	250	241	233	224	215	207	198	189	181	172	164	155	146	138	129	120	112	103	94	86	77	69	60	51	43	34	25	17	0
260	260	251	242	234	225	216	208	199	190	182	173	164	156	147	138	130	121	112	104	95	86	78	69	60	52	43	34	26	17	0
261	261	252	243	234	226	217	208	200	191	182	173	165	156	147	139	130	121	113	104	95	86	78	69	60	52	43	34	26	17	0
262	262	253	244	235	227	218	209	200	192	183	174	165	157	148	139	131	122	113	104	96	87	78	69	61	52	43	34	26	17	0
263	263	254	245	236	227	219	210	201	192	184	175	166	157	149	140	131	122	113	105	96	87	78	70	61	52	43	35	26	17	0
264	264	255	246	237	228	219	211	202	193	184	175	167	158	149	140	132	123	114	105	96	87	79	70	61	52	43	35	26	17	0
265	265	256	247	238	229	220	212	203	194	185	176	167	159	150	141	132	123	114	106	97	88	79	70	61	53	44	35	26	17	0
266	266	257	248	239	230	221	212	203	195	186	177	168	159	150	141	133	124	115	106	97	88	79	70	62	53	44	35	26	17	0
267	267	258	249	240	231	222	213	204	195	186	177	169	160	151	142	133	124	115	106	97	88	80	71	62	53	44	35	26	17	0
268	268	259	250	241	232	223	214	205	196	187	178	169	160	151	142	134	125	116	107	98	89	80	71	62	53	44	35	26	17	0
269	269	260	251	242	233	224	215	206	197	188	179	170	161	152	143	134	125	116	107	98	89	80	71	62	53	44	35	26	17	0
270	270	260	251	243	233	224	216	206	197	189	179	170	162	152	143	135	125	116	108	98	89	81	71	62	54	44	35	27	17	0
271	271	261	252	243	234	225	216	207	198	189	180	171	162	153	144	135	126	117	108	99	90	81	72	63	54	45	36	27	18	0
272	272	262	253	244	235	226	217	208	199	190	181	172	163	154	145	136	126	117	108	99	90	81	72	63	54	45	36	27	18	0
273	273	263	254	245	236	227	218	209	200	191	181	172	163	154	145	136	127	118	109	100	90	81	72	63	54	45	36	27	18	0
274	274	264	255	246	237	228	219	210	200	191	182	173	164	155	146	137	127	118	109	100	91	82	73	63	54	45	36	27	18	0
275	275	265	256	247	238	229	220	210	201	192	183	174	165	155	146	137	128	119	110	100	91	82	73	64	55	45	36	27	18	0
276	276	266	257	248	239	229	220	211	202	193	183	174	165	156	147	138	128	119	110	101	91	82	73	64	55	45	36	27	18	0
277	277	267	258	249	240	230	221	212	203	193	184	175	166	156	147	138	129	120	110	101	92	83	73	64	55	46	36	27	18	0
278	278	268	259	250	240	231	222	213	203	194	185	176	166	157	148	139	129	120	111	101	92	83	74	64	55	46	37	27	18	0
279	279	269	260	251	241	232	223	213	204	195	185	176	167	158	148	139	130	120	111	102	92	83	74	65	55	46	37	27	18	0
280	280	270	261	252	242	233	224	214	205	196	186	177	168	158	149	140	130	121	112	102	93	84	74	65	56	46	37	28	18	0

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FULL STAR ALLIANCE FORMATION TABLE																														
MONTHLY ALLOTMENT	DAY OF CYCLICAL MONTH																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
2A1	2A1	271	262	252	243	234	224	215	206	196	187	177	168	159	149	140	131	121	112	103	93	84	74	65	56	46	37	28	18	0
2A2	2A2	272	263	253	244	234	225	216	206	197	187	178	169	159	150	141	131	122	112	103	93	84	75	65	56	46	37	28	18	0
2A3	2A3	273	264	254	245	235	226	216	207	198	188	179	169	160	150	141	132	122	113	103	94	84	75	66	56	47	37	28	18	0
2A4	2A4	274	265	255	246	236	227	217	208	198	189	179	170	160	151	142	132	123	113	104	94	85	75	66	56	47	37	28	18	0
2A5	2A5	275	265	256	246	237	228	218	208	199	189	180	171	161	151	142	132	123	114	104	94	85	75	66	57	47	37	28	18	0
2A6	2A6	276	266	257	247	238	228	219	209	200	190	181	171	162	152	143	133	123	114	104	95	85	76	66	57	47	38	28	19	0
2A7	2A7	277	267	258	248	239	229	220	210	200	191	181	172	162	153	143	133	124	114	105	95	86	76	66	57	47	38	28	19	0
2A8	2A8	278	268	259	249	239	230	220	211	201	191	182	172	163	153	144	134	124	115	105	95	86	76	67	57	47	38	28	19	0
2A9	2A9	279	269	260	250	240	231	221	211	202	192	183	173	163	154	144	134	125	115	105	96	86	77	67	57	48	38	28	19	0
290	290	280	270	261	251	241	232	222	212	203	193	183	174	164	154	145	135	125	116	106	96	87	77	67	58	48	38	29	19	0
291	291	281	271	261	252	242	232	223	213	203	193	184	174	164	155	145	135	126	116	106	96	87	77	67	58	48	38	29	19	0
292	292	282	272	262	253	243	233	223	214	204	194	184	175	165	155	146	136	126	116	107	97	87	77	68	58	48	38	29	19	0
293	293	283	273	263	253	244	234	224	214	205	195	185	175	166	156	146	136	126	117	107	97	87	78	68	58	48	39	29	19	0
294	294	284	274	264	254	244	235	225	215	205	195	186	176	166	156	147	137	127	117	107	97	88	78	68	58	48	39	29	19	0
295	295	285	275	265	255	245	236	226	216	206	196	186	177	167	157	147	137	127	118	108	98	88	78	68	59	49	39	29	19	0
296	296	286	276	266	256	246	236	226	217	207	197	187	177	167	157	148	138	128	118	108	98	88	78	69	59	49	39	29	19	0
297	297	287	277	267	257	247	237	227	217	207	197	188	178	168	158	148	138	128	118	108	98	89	79	69	59	49	39	29	19	0
298	298	288	278	268	258	248	238	228	218	208	198	188	178	168	158	149	139	129	119	109	99	89	79	69	59	49	39	29	19	0
299	299	289	279	269	259	249	239	229	219	209	199	189	179	169	159	149	139	129	119	109	99	89	79	69	59	49	39	29	19	0
300	300	289	279	270	259	249	240	229	219	210	199	189	180	169	159	150	139	129	120	109	99	90	79	69	60	49	39	30	19	0
301	301	290	280	270	260	250	240	230	220	210	200	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50	40	30	20	10
302	302	291	281	271	261	251	241	231	221	211	201	191	181	171	161	151	140	130	120	110	100	90	80	70	60	50	40	30	20	10
303	303	292	282	272	262	252	242	232	222	212	201	191	181	171	161	151	141	131	121	111	100	90	80	70	60	50	40	30	20	10
304	304	293	283	273	263	253	243	233	223	213	202	192	182	172	162	152	141	131	121	111	101	91	81	70	60	50	40	30	20	10
305	305	294	284	274	264	254	244	233	223	213	203	193	183	172	162	152	142	132	122	111	101	91	81	71	61	50	40	30	20	10
306	306	295	285	275	265	254	244	234	224	214	203	193	183	173	163	153	142	132	122	112	101	91	81	71	61	50	40	30	20	10
307	307	296	286	276	266	255	245	235	225	214	204	194	184	173	163	153	143	133	122	112	102	92	81	71	61	51	40	30	20	10
308	308	297	287	277	266	256	246	236	225	215	205	195	184	174	164	154	143	133	123	112	102	92	82	71	61	51	41	30	20	10
309	309	298	288	278	267	257	247	236	226	216	205	195	185	175	164	154	144	133	123	113	102	92	82	72	61	51	41	30	20	10
310	310	299	289	279	268	258	248	237	227	217	206	196	186	175	165	155	144	134	124	113	103	93	82	72	62	51	41	31	20	10
311	311	300	290	279	269	259	248	238	228	217	207	196	186	176	165	155	145	134	124	114	103	93	82	72	62	51	41	31	20	10
312	312	301	291	280	270	259	249	239	228	218	207	197	187	176	166	156	145	135	124	114	103	93	83	72	62	51	41	31	20	10
313	313	302	292	281	271	260	250	239	229	219	208	198	187	177	166	156	146	135	125	114	104	93	83	73	62	52	41	31	20	10
314	314	303	293	282	272	261	251	240	230	219	209	198	188	177	167	157	146	136	125	115	104	94	83	73	62	52	41	31	20	10
315	315	304	293	283	272	262	252	241	230	220	209	199	189	178	167	157	146	136	126	115	104	94	83	73	63	52	41	31	20	10
316	316	305	294	284	273	263	252	242	231	221	210	200	189	179	168	158	147	136	126	115	105	94	84	73	63	52	42	31	21	10
317	317	306	295	285	274	264	253	243	232	221	211	200	190	179	169	158	147	137	126	116	105	95	84	73	63	52	42	31	21	10
318	318	307	296	286	275	264	254	243	233	222	211	201	190	180	169	159	148	137	127	116	105	95	84	74	63	52	42	31	21	10
319	319	308	297	287	276	265	255	244	233	223	212	202	191	180	170	159	148	138	127	116	106	95	85	74	63	53	42	31	21	10
320	320	309	298	288	277	266	256	245	234	224	213	202	192	181	170	160	149	138	128	117	106	96	85	74	64	53	42	32	21	10

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MONTHLY ALLOTMENT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
321	321	310	299	288	278	267	256	246	235	224	213	203	192	181	171	160	149	139	128	117	106	96	85	74	64	53	42	32	21	10
322	322	311	300	289	279	268	257	246	236	225	214	203	193	182	171	161	150	139	128	116	107	96	85	75	64	53	42	32	21	10
323	323	312	301	290	279	269	258	247	236	226	215	204	193	183	172	161	150	139	129	118	107	96	86	75	64	53	43	32	21	10
324	324	313	302	291	280	269	259	248	237	226	215	205	194	183	172	162	151	140	129	118	107	97	86	75	64	53	43	32	21	10
325	325	314	303	292	281	270	260	249	238	227	216	205	195	184	173	162	151	140	130	119	108	97	86	75	65	54	43	32	21	10
326	326	315	304	293	282	271	260	249	239	228	217	206	195	184	173	163	152	141	130	119	108	97	86	76	65	54	43	32	21	10
327	327	316	305	294	283	272	261	250	239	228	217	207	196	185	174	163	152	141	130	119	108	98	87	76	65	54	43	32	21	10
328	328	317	306	295	284	273	262	251	240	229	218	207	196	185	174	164	153	142	131	120	109	98	87	76	65	54	43	32	21	10
329	329	318	307	296	285	274	263	252	241	230	219	208	197	186	175	164	153	142	131	120	109	98	87	76	65	54	43	32	21	10
330	330	319	308	297	286	275	264	253	242	231	220	209	198	187	176	165	154	143	132	121	110	99	88	77	66	55	44	33	22	11
331	331	319	308	297	286	275	264	253	242	231	220	209	198	187	176	165	154	143	132	121	110	99	88	77	66	55	44	33	22	11
332	332	320	309	298	287	276	265	254	243	232	221	210	199	188	177	166	155	144	133	122	111	100	89	78	67	56	44	33	22	11
333	333	321	310	299	288	277	266	255	244	233	221	210	199	188	177	166	155	144	133	122	110	99	88	77	66	55	44	33	22	11
334	334	322	311	300	289	278	267	256	244	233	222	211	200	189	178	167	155	144	133	122	111	100	89	77	66	55	44	33	22	11
335	335	323	312	301	290	279	268	256	245	234	223	212	201	189	178	167	156	145	134	122	111	100	89	78	67	55	44	33	22	11
336	336	324	313	302	291	279	268	257	246	235	223	212	201	190	179	168	156	145	134	123	111	100	89	78	67	55	44	33	22	11
337	337	325	314	303	292	280	269	258	247	235	224	213	202	190	179	168	157	146	134	123	112	101	89	78	67	56	44	33	22	11
338	338	326	315	304	292	281	270	259	247	236	225	214	202	191	180	169	157	146	135	123	112	101	90	78	67	56	45	33	22	11
339	339	327	316	305	293	282	271	259	249	237	225	214	203	192	180	169	158	146	135	124	112	101	90	79	67	56	45	33	22	11
340	340	328	317	306	294	283	272	260	249	238	226	215	204	192	181	170	158	147	136	124	113	102	90	79	68	56	45	34	22	11
341	341	329	318	306	295	284	272	261	250	238	227	215	204	193	181	170	159	147	136	125	113	102	90	79	68	56	45	34	22	11
342	342	330	319	307	296	284	273	262	250	239	227	216	205	193	182	171	159	148	136	125	113	102	91	79	68	56	45	34	22	11
343	343	331	320	309	297	285	274	262	251	240	228	217	205	194	182	171	160	148	137	125	114	102	91	80	68	57	45	34	22	11
344	344	332	321	309	298	286	275	263	252	240	229	217	206	194	183	172	160	149	137	126	114	103	91	80	68	57	45	34	22	11
345	345	333	321	310	298	287	276	264	252	241	229	218	207	195	183	172	160	149	138	126	114	103	91	80	69	57	45	34	22	11
346	346	334	322	311	299	288	276	265	253	242	230	219	207	196	184	173	161	149	138	126	115	103	92	80	69	57	46	34	23	11
347	347	335	323	312	300	289	277	266	254	242	231	219	208	196	185	173	161	150	138	127	115	104	92	80	69	57	46	34	23	11
348	348	336	324	313	301	289	278	266	255	243	231	220	208	197	185	174	162	150	139	127	115	104	92	81	69	57	46	34	23	11
349	349	337	325	314	302	290	279	267	255	244	232	221	209	197	186	174	162	151	139	127	116	104	93	81	69	58	46	34	23	11
350	350	338	326	315	303	291	280	268	256	245	233	221	210	198	186	175	163	151	140	128	116	105	93	81	70	58	46	35	23	11
351	351	339	327	315	304	292	280	269	257	245	233	222	210	198	187	175	163	152	140	128	116	105	93	81	70	58	46	35	23	11
352	352	340	328	316	305	293	281	269	258	246	234	222	211	199	187	176	164	152	140	129	117	105	93	82	70	58	46	35	23	11
353	353	341	329	317	305	294	282	270	258	247	235	223	211	200	188	176	164	152	141	129	117	105	94	82	70	58	47	35	23	11
354	354	342	330	318	306	294	283	271	259	247	235	224	212	200	188	177	165	153	141	129	117	106	94	82	70	58	47	35	23	11
355	355	343	331	319	307	295	284	272	260	248	236	224	213	201	189	177	165	153	142	130	118	106	94	82	71	59	47	35	23	11
356	356	344	332	320	308	296	284	272	261	249	237	225	213	201	189	178	166	154	142	130	118	106	94	83	71	59	47	35	23	11
357	357	345	333	321	309	297	285	273	261	249	237	226	214	202	190	178	166	154	142	130	118	107	95	83	71	59	47	35	23	11
358	358	346	334	322	310	298	286	274	262	250	238	226	214	202	190	179	167	155	143	131	119	107	95	83	71	59	47	35	23	11
359	359	347	335	323	311	299	287	275	263	251	239	227	215	203	191	179	167	155	143	131	119	107	95	83	71	59	47	35	23	11
360	360	347	335	324	311	299	288	275	263	252	239	227	216	203	191	180	167	155	144	131	119	108	95	83	72	59	47	36	23	11

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DAY OF CYCLICAL MONTH

MONTHLY ALLOTMENT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
361	361	348	336	324	312	300	288	276	264	252	240	228	216	204	192	180	168	156	144	132	120	108	96	84	72	60	48	36	24	12
362	362	349	337	325	313	301	289	277	265	253	241	229	217	205	193	181	169	157	145	133	120	108	96	84	72	60	48	36	24	12
363	363	350	338	326	314	302	290	278	266	254	242	230	218	206	194	182	169	157	145	133	121	109	97	84	72	60	48	36	24	12
364	364	351	339	327	315	303	291	279	267	255	243	231	219	206	194	182	170	158	146	133	121	109	97	85	73	60	48	36	24	12
365	365	352	340	328	316	304	292	279	267	255	243	231	219	206	194	182	170	158	146	133	121	109	97	85	73	60	48	36	24	12
366	366	353	341	329	317	304	292	280	268	256	243	231	219	207	195	183	170	158	146	134	121	109	97	85	73	60	48	36	24	12
367	367	354	342	330	318	305	293	281	269	256	244	232	220	207	195	183	171	159	146	134	122	110	97	85	73	61	48	36	24	12
368	368	355	343	331	318	306	294	282	269	257	245	233	220	208	196	184	171	159	147	134	122	110	98	85	73	61	49	36	24	12
369	369	356	344	332	319	307	295	282	270	258	245	233	221	209	196	184	172	159	147	135	122	110	98	86	73	61	49	36	24	12
370	370	357	345	333	320	308	296	283	271	259	246	234	222	209	197	185	172	160	148	135	123	111	98	86	74	61	49	37	24	12
371	371	358	346	333	321	309	296	284	272	259	247	234	222	210	197	185	173	160	148	136	123	111	98	86	74	61	49	37	24	12
372	372	359	347	334	322	309	297	285	272	260	247	235	223	210	198	186	173	161	148	136	123	111	99	86	74	61	49	37	24	12
373	373	360	348	335	323	310	298	285	273	261	248	236	223	211	198	186	174	161	149	136	124	111	99	87	74	62	49	37	24	12
374	374	361	349	336	324	311	299	286	274	261	249	236	224	211	199	187	174	162	149	137	124	112	99	87	74	62	49	37	24	12
375	375	362	349	337	324	312	300	287	274	262	249	237	225	212	199	187	174	162	150	137	124	112	99	87	75	62	49	37	24	12
376	376	363	350	338	325	313	300	288	275	263	250	238	225	213	200	188	175	162	150	137	125	112	100	87	75	62	50	37	25	12
377	377	364	351	339	326	314	301	289	276	263	251	238	226	213	201	188	175	163	150	138	125	113	100	87	75	62	50	37	25	12
378	378	365	352	340	327	314	302	289	277	264	251	239	226	214	201	189	176	163	151	138	125	113	100	88	75	62	50	37	25	12
379	379	366	353	341	328	315	303	290	277	265	252	240	227	214	202	189	176	164	151	138	126	113	101	88	75	63	50	37	25	12
380	380	367	354	342	329	316	304	291	278	266	253	240	228	215	202	190	177	164	152	139	126	114	101	88	76	63	50	38	25	12
381	381	368	355	342	330	317	304	292	279	266	253	241	228	215	203	190	177	165	152	139	126	114	101	88	76	63	50	38	25	12
382	382	369	356	343	331	318	305	292	280	267	254	241	229	216	203	191	178	165	152	140	127	114	101	89	76	63	50	38	25	12
383	383	370	357	344	331	319	306	293	280	268	255	242	229	217	204	191	178	165	153	140	127	114	102	89	76	63	51	38	25	12
384	384	371	358	345	332	319	307	294	281	268	255	243	230	217	204	192	179	166	153	140	127	115	102	89	76	63	51	38	25	12
385	385	372	359	346	333	320	308	295	282	269	256	243	231	218	205	192	179	166	154	141	128	115	102	89	77	64	51	38	25	12
386	386	373	360	347	334	321	308	295	283	270	257	244	231	218	205	193	180	167	154	141	128	115	102	90	77	64	51	38	25	12
387	387	374	361	348	335	322	309	296	283	270	257	245	232	219	206	193	180	167	154	141	128	116	103	90	77	64	51	38	25	12
388	388	375	362	349	336	323	310	297	284	271	258	245	232	219	206	194	181	168	155	142	129	116	103	90	77	64	51	38	25	12
389	389	376	363	350	337	324	311	298	285	272	259	246	233	220	207	194	181	168	155	142	129	116	103	90	77	64	51	38	25	12
390	390	376	363	351	337	324	312	298	285	273	259	246	234	220	207	195	181	168	156	142	129	117	103	90	78	64	51	39	25	12
391	391	377	364	351	338	325	312	299	286	273	260	247	234	221	208	195	182	169	156	143	130	117	104	91	78	65	52	39	26	13
392	392	378	365	352	339	326	313	300	287	274	261	248	235	222	209	196	182	169	156	143	130	117	104	91	78	65	52	39	26	13
393	393	379	366	353	340	327	314	301	288	275	261	248	235	222	209	196	183	170	157	144	130	117	104	91	78	65	52	39	26	13
394	394	380	367	354	341	328	315	302	289	276	262	249	236	223	210	197	183	170	157	144	131	118	105	91	78	65	52	39	26	13
395	395	381	368	355	342	329	316	302	289	276	263	250	237	223	210	197	184	171	158	144	131	118	105	92	79	65	52	39	26	13
396	396	382	369	356	343	329	316	303	290	277	263	250	237	224	211	198	184	171	158	145	131	118	105	92	79	65	52	39	26	13
397	397	383	370	357	344	330	317	304	291	277	264	251	238	224	211	198	185	172	158	145	132	119	105	92	79	66	52	39	26	13
398	398	384	371	358	344	331	318	305	291	278	265	252	238	225	212	199	185	172	159	145	132	119	106	92	79	66	53	39	26	13
399	399	385	372	359	345	332	319	305	292	279	265	252	239	226	212	199	186	172	159	146	132	119	106	93	79	66	53	39	26	13
400	400	386	373	360	346	333	320	306	293	280	266	253	240	226	213	200	186	173	160	146	133	120	106	93	80	66	53	40	26	13

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365.030: Introduction

This chapter contains the food stamp policy and certification procedures for special situation households. Special certification procedures are prescribed when a household's receipt of income or other circumstances are substantially different from the typical food stamp household. These procedural deviations are intended to minimize any undue advantage or disadvantage to a household as a result of their unusual circumstances. Some examples of these procedural deviations are as follows:

- (A) Averaging the income for certain self-employed individuals and seasonal employees instead of considering only that part of their income expected to be received during the certification period. Likewise, certain student income is averaged over the period it is intended to cover.
- (B) Allowing self-employed and student households deductions for certain expenses paid prior to the certification period in addition to those expenses paid during the certification period.
- (C) Requiring residents of drug or alcoholic treatment and rehabilitation centers to apply for and use food stamps through an authorized representative.
- (D) Requiring households eligible for expedited service to provide verification of identity but also allowing for immediate certification and issuance for these households.
- (E) Certifying households even if they include ineligible individuals, whether the ineligible individual is a non-household member or a disqualified non-household member. The worker must evaluate the income and resources available to these households differently depending on whether the ineligible individual is a non-disqualified non-household member or a disqualified non-household member.

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365.100: PA Households

Households in which all members receive AFDC and/or EAEDC are categorically eligible for the Food Stamp Program. (See 106 CMR 365.180.) RRP households are not categorically eligible for the Food Stamp Program.

365.110: Definition of a PA Household

PA households are those households in which all members receive a cash grant under one of the following programs: Aid to Families with Dependent Children (AFDC), Emergency Aid to the Elderly, Disabled, and Children (EAEDC), or the Refugee Resettlement Program (RRP). If some members of a household but not all receive cash assistance under one of these programs, the household is called a "mixed household" and is treated as a Nonpublic Assistance (NPA) household.

365.120: Determining Eligibility and Benefit Level

- (A) To facilitate their participation in the program, PA households shall be allowed to apply for food stamp benefits at the same time they apply for other assistance. However, the household's eligibility and benefit level shall be based solely on food stamp eligibility criteria and the household shall be certified in accordance with notice, timeliness, and procedural requirements of the food stamp regulations. If the household's intention to apply for food stamps is unclear, the worker shall determine at the interview, or in other contact with the household, whether or not the household also wants the PA application processed for food stamp purposes.

(1) Joint Application Form

The AFDC application and the EAEDC application shall contain all the information necessary to determine a household's food stamp eligibility and benefit level. These joint applications shall also have a place for the household to indicate if it does not wish to apply for food stamps. The applicant shall not be required to fill out any additional application form for food stamp purposes.

(2) Single Interview Requirement

The worker shall conduct a single interview at initial application for both cash assistance and food stamp purposes. PA households shall not be required to see a different worker or otherwise be subject to two interview requirements in order to obtain the benefits of both programs. Following the single interview, the application may be processed by separate workers to determine eligibility and benefit levels for food stamps and cash assistance. A household's eligibility for food stamp out-of-office interview provisions does not relieve the household of any responsibility for a face-to-face interview in order to be certified for public assistance.

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- a. For households applying for both cash assistance and food stamps, the verification procedures described in 106 CMR 361.600 through 361.660 shall be followed for those factors of eligibility that are needed solely for purposes of determining the household's eligibility for food stamps. For those factors of eligibility that are needed to determine eligibility for both cash assistance and food stamps, the worker shall follow cash assistance verification requirements. However, in no case shall the worker delay the household's food stamp benefits if, at the end of 30 days following the date the application was filed, the applicant has provided sufficient verification to meet the verification for food stamp purposes, even if there is not sufficient verification to meet the cash assistance verification rules.

For example, a family applies for AFDC and food stamps. The applicant submits verification of income and all other verification necessary for food stamp purposes shortly after submitting the joint application. However, the applicant does not submit birth certificates which are necessary to establish AFDC eligibility. In this case, the food stamp assistance shall not be delayed or denied because of the household's failure to comply with an AFDC eligibility requirement.

- b. A household may be denied food stamps and cash assistance at the same time (based on the cash assistance processing standards) when all of the following conditions have been met:
1. The Department has provided the household with a statement of required verification and has assisted the household in obtaining verification, as necessary;
 2. The Department has informed the household of the appropriate processing standard, in writing, at the time of the application and notified the household at the interview of the date by which any missing verification must be provided; and
 3. The household has failed to provide verification of an eligibility factor that is required for both cash assistance and food stamps.

For example, if a family applies jointly for cash assistance and food stamps and fails to submit income verification by the cash assistance processing date, cash assistance and food stamps would be denied on the same day because income verification is required for the Food Stamp Program as well as for cash assistance. The household would have to reapply if it wants to participate in the Food Stamp Program.

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SPECIAL SITUATION HOUSEHOLDS

If the household provides the missing verification within the initial 30-day period, the Department must provide benefits from the date of application. If the household does not provide the missing verification or complete the application until the second 30 days, the Department must provide benefits from the date the household submitted a complete application or furnished the missing verification.

(4) Timeliness Standard

The worker must make the food stamp eligibility determination in accordance with all the timeliness standards and procedures specified in 106 CMR 361.700 through 361.960, unless the household has failed to provide verification of an eligibility factor that is required for both cash assistance and food stamps in accordance with 106 CMR 365.120(A)(3)b.

- a. As a result of differences in PA and food stamp application processing procedures and timeliness standard, the worker may have to determine food stamp eligibility prior to determining eligibility for PA payments. Action on the food stamp portion of the application shall not be delayed nor the application denied on grounds that the PA determination has not been made.
- b. Households whose PA applications are denied but who have provided all verifications necessary to determine food stamp eligibility shall not be required to file a new food stamp application. They shall, however, have their food stamp eligibility determined or continued on the basis of the original application filed jointly for PA and food stamp purposes and any other documented information obtained subsequent to the application that may have been used in the PA determination and that is relevant to food stamp eligibility or level of benefits.

(B) Asset Standards for PA Households

Households in which all members are receiving AFDC and/or EAEDC benefits are categorically eligible and, therefore, are exempt from meeting the asset eligibility standards of the Food Stamp Program. RRP households and noncategorically eligible AFDC and EAEDC households shall be subject to the asset eligibility standards in 106 CMR 363.110.

(C) Income Standards For PA Households

(1) Countable Income

All income received by the PA household, including the cash grant, special allowances and all other income (unless excluded in accordance with 106 CMR 363.230) shall be counted in determining the household's eligibility for food stamps.

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SPECIAL SITUATION HOUSEHOLDS(2) Income Exclusions and Deductions

PA households will receive only the income exclusions and deductions provided in Food Stamp policy. The income exclusions and deductions allowed under cash assistance programs for the purposes of grant calculation shall not be allowed in determining income for food stamp purposes.

(3) Special Allowances, Retroactive Lump Sum Payments and Protective Paymentsa. Special Allowances

Special allowances, except for one-time payments (e.g., the clothing allowance for AFDC children) or vendor payments, are treated as countable income. This income may be averaged over the certification period or a variable basis of issuance to cover the period when the allowance is received.

b. Retroactive Lump Sum PA Payments

Retroactive lump sum payments are excluded as income and counted as an asset in the month received. If a PA recipient's first payment is delayed beyond the first month of eligibility, the retroactive portion of that check is considered a lump sum payment. For example, if a household applies in November and is eligible in November but receives its first check in December to cover both months, only the December benefit amount is considered as income.

c. Protective payments

Protective payments are any portion of the cash grant that is legally obligated and otherwise payable to the PA household, but diverted by the Department to a third party for a household expense (e.g., vendor rent). Protective payments are countable as income when determining food stamp eligibility and benefit level.

FOOD STAMP PROGRAM
SPECIAL SITUATION HOUSEHOLDS365.130: Work Registration for PA Households

Cash assistance recipients are subject to Food Stamp Program work registration requirements unless they are exempt from registration in accordance with 106 CMR 362.330. PA households shall not be denied food stamp benefits or have their benefits terminated solely because a member refuses to comply with the AFDC employment and training program requirements. If that member does not meet or no longer meets any of the Food Stamp Program exemptions from work registration, that member must register for work as a condition of food stamp eligibility.

365.140: Certification Periods for PA Households

PA households granted separate household status under the Parent of Minor Child Rule, in accordance with 106 CMR 361.200(A)(6), shall be assigned a certification period not to exceed six months. The certification period shall expire the month following the household's next scheduled PA redetermination or at the end of the six-month certification period, whichever occurs first.

All other PA households shall be assigned a 12-month certification period. The certification period shall expire the month following the household's next scheduled PA redetermination or at the end of the 12-month certification period, whichever occurs first.

365.150: Recertification Requirements for PA Households

PA households shall be recertified for food stamps, to the extent possible, at the same time they are redetermined for the cash assistance program. If a PA household has not had its PA redetermination by the end of the fifth month or the 11th month (depending on the type of household; see 106 CMR 365.140) following its initial certification or last redetermination, a Notice of Food Stamp Termination shall be sent to the household.

365.155: Monthly Reporting and Retrospective Budgeting for AFDC and RRP Households

AFDC and RRP food stamp households that are subject to AFDC/RRP Monthly Reporting shall continue to be subject to the AFDC/RRP Monthly Reporting requirements for food stamp purposes in accordance with 106 CMR 302.900 et. seq.

For AFDC and RRP households subject to AFDC/RRP Monthly Reporting, the cash assistance grant for the payment month shall be used to calculate benefits in the payment month except for additional or corrective cash assistance payments. Additional or corrective payments, such as the child support payments or supplemental payments, that are received in the payment month, shall be used in the calculation of benefits for the month after receipt. The additional or corrective payment that is the last in a series of payments or is a one-time payment shall be disregarded.

365.160: Change Reporting Requirements for PA Households

Except for AFDC and RRP households subject to AFDC/RRP Monthly Reporting, and for changes in grant amounts, PA households are subject to the same reporting requirements as all other food stamp households (in accordance with Section 366.110) and shall use the Food Stamp Change Report Form and postage-paid envelope provided by the Department. PA households that report a change in circumstances to the PA worker shall be considered to have reported the change for food stamp purposes.

365.170: Department Action on Reported Changes

Except as provided in this section, action shall be taken on reported changes in accordance with the notification and timeliness standards set forth in Sections 366.100 through 366.220. PA households must be notified whenever their food stamp benefits are altered as a result of changes in their public assistance (PA) benefits. They must also be informed whenever their food stamp certification period has been shortened to reflect changes in household circumstances.

Subsections (A), (B), and (C) provide special instructions for handling PA households that, during their certification period, experience 1) a reduction in their PA benefits, 2) termination of their PA benefits, or 3) a change in household circumstances which results in a change in their food stamp classification from PA to NPA.

Subsection (D) provides special instructions for handling a change from PA to NPA status that is known to the Department at the time of a public assistance redetermination.

(A) Reduction in Public Assistance Benefits

When the change results in a reduction in the household's PA benefits and a reduction or termination in its food stamp benefits within its food stamp certification period, notice of adverse action shall be issued for both the PA and the food stamp actions. If the household requests a fair hearing within the period provided by the notice of adverse action, the household's food stamp benefits shall be continued on the basis authorized immediately prior to sending the notice. The hearing shall be conducted according to PA procedures and timeliness standards. However, the household must reapply for food stamp benefits if the food stamp certification period expires before the fair hearing process is completed. If the household does not appeal, the change shall be made effective in the month following the expiration of the advance notice period, when possible.

When the change requires a reduction in the household's PA benefits but an increase in its food stamp benefits, a PA notice of adverse action shall be issued. The notice shall inform the household of the proposed increase but no action shall be taken to increase food stamp benefits until the household decides whether it will appeal the proposed action to reduce the cash assistance. If the household decides to appeal and its PA bene-

fits are continued, the household's food stamp benefits shall continue at the previous level. If the household does not appeal, action shall be taken to make the food stamp change effective in accordance with the timeliness standards set forth in Section 366.120. The time limits for acting on the change, however, shall be calculated from the date the PA notice of adverse action period expires.

(B) Termination of Public Assistance Benefits

When the change results in termination of the household's PA benefits, members of the household who lose their work registration exemption must be advised of the food stamp work registration requirements, if applicable. When there is sufficient information to determine how the change effects the household's food stamp eligibility and benefit level the following action shall be taken:

- (1) If the change results in a reduction or termination in food stamp benefits, notice of adverse action shall be issued for both the PA and the food stamp actions. If the household requests a fair hearing within the period provided by the notice of adverse action, the household's food stamp benefits shall be continued on the basis authorized immediately prior to sending the notice. The hearing shall be conducted according to PA procedures and timeliness standards. However, the household must reapply for food stamp benefits if the food stamp certification period expires before the fair hearing process is completed. If the household does not appeal, the change shall be made effective, when possible, in the month following the expiration of the PA advance notice period.
- (2) If the household's food stamp benefits will be increased, a PA notice of adverse action shall be issued. The notice shall inform the household of the proposed increase but no action shall be taken to increase the household's food stamp benefits until the household decides whether it will appeal the adverse action. If the household decides to appeal and its PA benefits are continued, the household's food stamp benefits shall continue at the previous level. If the household does not appeal, the food stamp change shall be made effective in accordance with the timeliness standards in Section 366.120. The time limits for acting on the change, however, shall be calculated from the date the notice of adverse action period expires.

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When there is insufficient information to determine how the change affects the household's food stamp eligibility and benefit level, a notice of adverse action shall be issued informing the household of the termination of its PA benefits. The notice shall also inform the household that its food stamp certification period will expire at the end of the month following the month the notice is sent, and that it must reapply if it wishes to continue to participate in the Food Stamp Program. The notice shall explain that the certification period is expiring because of changes in the household's circumstances that may effect its food stamp eligibility and benefit level. The notice shall specify that the household, if eligible for benefits, shall be entitled to uninterrupted benefits if it files an application by the 15th day of the last month of its certification period and completes its recertification responsibilities. If the household requests a fair hearing and its PA benefits are continued pending the appeal, the household's food stamp benefits shall be continued at the same level.

(C) Change in Classification from a PA to an NPA Food Stamp Household

When a household's food stamp classification changes from PA to NPA, Department procedures shall be followed to assure that the household's food stamp benefits are not ended merely because case responsibilities are transferred from the PA to the NPA unit. The household's resources must be reevaluated under the resource eligibility criteria of the Food Stamp Program when the classification changes from PA to NPA or all members of the household are no longer receiving AFDC benefits.

If there is sufficient information to determine how the change affects the household's food stamp benefits, notification and timeliness standards set forth in this section and in Sections 366.120 through 366.220 shall be followed.

If there is insufficient information to determine the effect on the household's food stamp eligibility and benefit level, a Notice of Food Stamp Termination shall be sent. The notice must inform the household that its certification period will expire at the end of the month following the month the notice is sent, and that it must reapply if it wishes to continue to participate in the Food Stamp Program. The notice shall explain that the certification period is expiring because of changes in circumstances which may affect the household's food stamp eligibility and benefit level. The notice shall specify that the household, if eligible for benefits, shall be entitled to uninterrupted benefits if it files an application by the 15th day of the last month of its certification period and completes its recertification responsibilities.

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SPECIAL SITUATION HOUSEHOLDS(D) Change from PA to NPA Status is Known to the Department at the Time of the Public Assistance Redetermination

When a change from PA to NPA status is known to the Department at the time of a public assistance redetermination, the household shall nevertheless be recertified for food stamps, to the extent possible, at the same time it is redetermined for the public assistance program.

365.180: Categorically Eligible Households(A) Definition

Any food stamp household in which all members are recipients of AFDC, SSI, and/or Emergency Aid to the Elderly, Disabled and Children (EAEDC) benefits shall be considered categorically eligible for food stamps based on their AFDC, SSI, and/or EAEDC status, unless one of the circumstances in 106 CMR 365.180(B)(1) or (C)(1) applies. Recipients shall include the following individuals:

- (1) Persons receiving cash assistance under the AFDC, SSI, or EAEDC programs;
- (2) Persons authorized to receive AFDC, SSI, or EAEDC benefits who have not yet received payment;
- (3) Persons eligible for AFDC, SSI, or EAEDC, but not receiving cash assistance because their grant would be less than the minimum benefit; and
- (4) Persons whose AFDC, SSI, or EAEDC benefits have been suspended or are being recouped.

(B) AFDC and/or SSI(1) Ineligible Households

An AFDC and/or SSI household shall not be considered categorically eligible if:

- (a) any member of that household is disqualified for an intentional program violation (IPV), in accordance with 106 CMR 367.500;
- (b) any member of that household is disqualified for failure to comply with AFDC/RRP Monthly Reporting and Retrospective Budgeting requirements, in accordance with 106 CMR 365.155; or
- (c) the head of household is disqualified for failure to comply with the work requirements of the Food Stamp Program, in accordance with 106 CMR 362.300 - 362.380.

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No person shall be included as a member of an otherwise categorically eligible household if that person is:

- (a) an ineligible alien, in accordance with 106 CMR 362.220;
- (b) an ineligible student, in accordance with 106 CMR 362.400 - 410;
- (c) institutionalized in a nonexempt facility, as defined in 106 CMR 361.240(B); or
- (d) ineligible because of failure to comply with the work requirements of the Food Stamp Program.

(C) EAEDC(1) Ineligible Households

An EAEDC household shall not be considered categorically eligible if the household:

- (a) refuses to cooperate in providing information to the Department that is necessary for making a determination of its eligibility or for completing any subsequent review of its eligibility, in accordance with 106 CMR 361.400;
- (b) is disqualified because the head of household fails to comply with the work requirements of the Food Stamp Program;
- (c) is ineligible under striker provisions, in accordance with 106 CMR 361.240(E); or
- (d) is ineligible because it knowingly transferred assets for the purpose of qualifying or attempting to qualify for the program, in accordance with 106 CMR 363.150.

(2) Ineligible Household Members

No person shall be included as a member of an otherwise categorically eligible household if that person is:

- (a) an ineligible alien;
- (b) an ineligible student;
- (c) disqualified for failure to provide or apply for an SSN, in accordance with 106 CMR 362.500;
- (d) a household member, not the head of household, disqualified for failure to comply with the work requirements of the Food Stamp Program;

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(e) disqualified for an IPV; or

(f) an individual who is institutionalized in a nonexempt facility.

(D) Income and Asset Standards

Households that are categorically eligible, as defined in 106 CMR 365.180(A), shall automatically satisfy the asset eligibility criteria for food stamps and do not have to meet the gross or net income eligibility standards in 106 CMR 364.950 and 364.970.

(E) Deemed Eligibility Factors

The following eligibility factors shall be deemed without further verification based on the household's AFDC, SSI, and/or EAEDC status:

- (1) assets (except for transferred assets which apply to EAEDC only);
- (2) gross and net income limits;
- (3) social security number information (AFDC and SSI only);
- (4) residency; and
- (5) sponsored alien information.

(F) Verification Requirements

The Department shall verify the following factors, if questionable:

- (1) each member receives AFDC, SSI, or EAEDC benefits, in accordance with 106 CMR 365.180(A);
- (2) the household includes no individuals who have been disqualified (for AFDC/SSI, in accordance with 106 CMR 365.180(B)(2) and for EAEDC, in accordance with 106 CMR 365.180(C)(2));
- (3) the food stamp household includes all persons who purchase and prepare food together regardless of whether or not they are separate units for AFDC, SSI, or EAEDC; and
- (4) the household composition meets the definition of a household, in accordance with 106 CMR 361.200(A).

For EAEDC households, items in 106 CMR 365.180(F)(1) and (2) must be verified; item (4) is verified only if questionable.

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In order to determine if a household will be eligible due to its status as a categorically eligible household, the food stamp eligibility determination may be temporarily postponed, within the 30-day processing timeframe, if the household is not entitled to expedited service and appears to be categorically eligible. However, denial of a potentially categorically eligible household shall only be postponed until the 30th day in case the household is determined eligible to receive AFDC, SSI, or EAEDC benefits. Upon approval of the AFDC, SSI, or EAEDC application, the household is considered categorically eligible if it meets all the criteria in 106 CMR 365.180(A) - (F).

(2) Denials

Denied applications of a potentially categorically eligible household must be easily retrievable. For a household filing a joint application for food stamps and AFDC or EAEDC, or a household with an AFDC, EAEDC, or SSI application pending and denied food stamps, but later determined eligible to receive AFDC, SSI, or EAEDC benefits and otherwise categorically eligible, the original application and any other pertinent information occurring after that application shall be used to determine benefits. A second interview is not required. However, the Department shall use any available information to update the application and/or make mail or phone contact with the household or authorized representative to determine any changes in circumstances.

If a determination of eligibility for AFDC, SSI, or EAEDC benefits is postponed beyond 30 days, or an application for AFDC, SSI, or EAEDC benefits is denied, the food stamp application (for PA cases, it is included in the PA application) should be processed immediately as an NPA case. Any changes shall be initialed and the updated application re-signed by the authorized representative or authorized household member. The Department shall act on reevaluating the original application either at the household's request or when it becomes otherwise aware of the household's AFDC, SSI, or EAEDC eligibility. The household, when applicable, shall be advised on the notice of denial to tell the Department if any pending application for AFDC, SSI, or EAEDC benefits is subsequently approved.

(3) Providing Benefits

Any household determined to be categorically eligible within the 30-day food stamp processing timeframe shall be provided benefits back to the date of the food stamp application or, in the case of a joint application, back to the date of the AFDC or EAEDC application. Benefits shall be prorated in accordance with 106 CMR 364.650.

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If a household whose determination of eligibility for SSI benefits has been postponed beyond 30 days and whose food stamp application has been processed as an NPA case subsequently gets approved for SSI benefits, the food stamp benefits must be recalculated based on the excess medical, uncapped shelter, and net income (elderly/disabled) provisions. Any food stamp benefits owed back to the date of the food stamp application or from the beginning date for which the SSI benefits are paid (whichever date is later) are to be issued.

All categorically eligible one-person and two-person households are entitled to a minimum of \$10 per month except in the initial month. Categorically eligible households with three or more members who do not qualify for a benefit because their income exceeds the level at which benefits are issued cannot be denied. These households must be suspended.

365.200: Households with Boarders Who Are Not Household Members

The amount of payment a household receives from a boarder(s) who is not a household member shall be considered self-employment income to the household and handled in accordance with the instructions in this section. Instructions for handling those households which own and operate a commercial boarding house are set forth in Section 365.900.

When determining a household's eligibility and benefit level, boarders who are not members of the household shall have none of their income and resources considered available to the household.

(A) Income from Boarders

All direct payments to the household for room and meals, including contributions to the household's shelter expenses, shall be considered earned income to the household. Shelter expenses paid directly to someone outside the household shall not be counted as income to the household.

(B) Cost of Doing Business

After determining the income the household receives from boarders, the worker shall exclude from the income that portion which is the cost of doing business. The cost of doing business shall be equal to either of the following. However, the amount allowed as a cost of doing business cannot exceed the amount of payment the household receives from the boarder.

- (1) The maximum coupon allotment for a household size that is equal to the number of boarders; or
- (2) The actual documented cost of providing lodging and meals if the actual cost exceeds the amount of (1), above. If actual costs are used, only separate and identifiable costs of providing lodging and meals to boarders can be excluded.

(C) Deductible Expenses

The household's countable self-employment income from boarders (after excluding the cost of doing business) is added to any other earned income prior to applying the earned income deduction.

Shelter costs for households with boarders shall not include any shelter expenses paid by the boarder directly to a third party, such as the landlord or utility company.

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365.300: Households Containing a Sponsored Alien

Except for aliens listed in Subsection 365.300(A), the household must provide to the Department the information and verification(s) in Subsection 365.300(B), concerning each alien household member lawfully admitted for permanent residence, and his or her sponsor. A sponsored alien is an alien lawfully admitted for permanent residence as described in Subsection 362.230(A). A sponsor is a person who has signed an agreement to support the alien as a condition of the alien's entry or admission to the United States as a permanent resident. The date the alien was admitted for permanent residence is the date established by the Immigration and Naturalization Service (INS).

The Department shall use the information and verification in Subsection 365.300(B), as well as any information, when available, provided to the Department by INS as a result of an agreement between the United States Department of Agriculture, the Secretary of State, and the Attorney General, to determine what portion of the income and assets of a sponsor and his or her spouse, if the spouse is living with the sponsor, shall be deemed available to the alien's household in accordance with Subsections 365.300(C) and (D), for three years following the alien's admission for permanent residence to the United States. Deeming requirements will not be waived even if a sponsor claims to have given up sponsorship responsibilities. The income and assets of the sponsor's spouse, if the spouse is living with the sponsor, will be deemed even if the sponsor and the spouse were married after the signing of the agreement.

If the alien changes sponsors, the household must provide the required information and verification(s) concerning the new sponsor and his or her spouse if the spouse is living with the sponsor to enable the Department to determine the household's eligibility and benefit level. This information must be treated as a reported change in accordance with Section 366.120. In the event the alien loses his or her sponsor during the three year limit on the sponsored alien provisions and does not obtain another, the deemed income and assets of the previous sponsor shall continue to be attributed to the alien until the alien obtains another sponsor or until the three year period for applying the sponsored alien provisions expires, whichever comes first. However, the deemed income and assets of a sponsor who dies shall not be attributed to the alien.

Overissuances as a result of incorrect information provided by the alien's household or by the sponsor shall be treated in accordance with Subsection 365.300(E).

(A) Aliens Exempt from Sponsored Alien Provisions

The following aliens are exempt from the sponsored alien provisions:

- (1) An alien who is participating in the food stamp program as a member of his or her sponsor's household or an alien whose sponsor is participating in the food stamp program separate and apart from the alien;

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- (2) An alien sponsored by an organization or a group rather than by an individual;
- (3) An alien who is not required to have a sponsor under the Immigration and Nationality Act such as, but not limited to, a refugee, a parolee, an asylee, or a Cuban or Haitian entrant; or
- (4) An alien for whom three years have elapsed since the date he or she was admitted for permanent residence.

(B) Information and Verification

The following information must be provided to the Department by the alien before certification or recertification for a period of three years from the date of entry or date of admission as a permanent resident.

- (1) The alien's date of birth, place of birth and alien registration number.
- (2) The date the alien was admitted for permanent residency.
- (3) The provision of the Immigration and Nationality Act under which the alien was admitted.
- (4) The name, address, and telephone number of the sponsor.
- (5) The number of dependents who are claimed or could be claimed as dependents for federal income tax purposes by the sponsor and the sponsor's spouse, if the sponsor's spouse is living with the sponsor.
- (6) The names (or other identifying factors) and number of other aliens for whom the sponsor has signed an agreement to support, if applicable.
- (7) The income and assets of the sponsor and the sponsor's spouse, if the spouse is living with the sponsor.

If the alien has already reported gross income information on his or her sponsor due to AFDC's sponsored alien rules, that gross income amount may be used for food stamp deeming purposes. However, only the allowable reductions specified in Subsection 365.300(C) may be used to determine the deemable income amount.

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The information in (7) above must be verified before certification using a copy of the support agreement, information provided by INS, or both, or other verifications acceptable for program purposes. The information in (1) through (6) shall be verified before certification in accordance with Section 361.620 if it is questionable and if it affects the household's eligibility and benefit level. The Department shall assist the alien in obtaining verifications in accordance with Section 361.650.

While awaiting information or verifications required by this Subsection, the sponsored alien shall be ineligible until such time as all necessary information or verification is obtained. The income and assets of the ineligible alien, exclusive of any income or assets attributable from the alien's sponsor and spouse, shall be available to any remaining household members in accordance with Section 365.500. If the sponsored alien refuses to cooperate in providing or verifying needed information, or both, other adult members of the alien's household shall be responsible for providing or verifying or both, the needed information. If the required information and verification(s) are subsequently received, the worker shall act on the information as a reported change in household membership in accordance with the timeliness standards set forth in Section 366.120. If the same sponsor is responsible for the entire household, the entire household is ineligible until such time as the needed sponsor information is provided or verified or both.

(C) Deemed Income

The portion of the monthly income of the sponsor and the sponsor's spouse, if the spouse is living with the sponsor, that shall be deemed as unearned income to the alien shall be calculated as follows:

- (1) Subtract 20 percent from the monthly gross earned income and add this result to the monthly gross unearned income. (Excluded income listed in Section 363.230 must not be counted.)
- (2) Subtract from the result of (1) the Maximum Gross Monthly Income Standard in accordance with Section 364.950 for the household equal in size to the sponsor, the sponsor's spouse and any other person who is claimed or could be claimed by the sponsor or sponsor's spouse as a dependent for federal income tax purposes.

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- (3) Divide the result of (2) by the number of aliens applying for or participating in the food stamp program for whom the sponsor has signed an agreement to support.
- (4) Add to the result of (3) any money paid by the sponsor to the alien in excess of the result of (3).

(D) Deemed Assets

The portion of the assets of a sponsor and the sponsor's spouse, if the spouse is living with the sponsor, which shall be deemed as assets to the alien shall be calculated as follows:

- (1) Add the assets together, excluding assets described in Section 363.140.
- (2) Subtract from the result of (1) \$1,500, regardless of the composition of the sponsor's household.
- (3) Divide the result of (2) by the number of aliens applying for or participating in the food stamp program for whom the sponsor has signed an agreement to support.

(E) Overissuances

Both the alien and the sponsor shall be jointly and severally liable for repayment of overissued benefits in accordance with (1) and (2), below, as a result of incorrect information provided by the sponsor, unless the sponsor had good cause or was without fault for supplying the incorrect information in accordance with (3) below. If the sponsor had good cause, or was without fault for supplying the incorrect information, the alien's household shall be solely liable for repayment.

Where the sponsor did not have good cause or was at fault, the Department shall decide whether to establish a claim for the overissuance against the sponsor or the alien's household, or both. The Department may choose to establish claims against both parties at the same time or to establish a claim against the party it deems most likely to repay first. If a claim is established against the sponsor first, the Department shall ensure that a claim is established against the alien's household whenever the sponsor fails to respond to the demand letter within 30 days of receipt. The Department shall return to the sponsor or the alien, or both, any amounts repaid in excess of the total amount of the claim.

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(1) Claims Against the Alien

Prior to initiating collection action against the household of a sponsored alien for repayment of an overissuance caused by incorrect information concerning the alien's sponsor or sponsor's spouse, the Department shall determine whether such information was supplied due to inadvertent household error or an act of intentional program violation on the part of the alien. If sufficient documentary evidence exists to substantiate that the incorrect information was provided as a result of misrepresentation or fraud, the provisions of Section 367.500 shall be followed. If the incorrect information was provided due to misunderstanding or unintended error, the provisions of Section 367.495 shall be followed. These actions shall be taken regardless of the current eligibility of the sponsored alien or the alien's household.

(2) Claims Against Sponsors

Collection of a claim against a sponsor shall be initiated by sending the sponsor a written demand letter informing the sponsor of the amount owed, the reason for the claim, how the sponsor may pay the claim, and that the sponsor will not be liable for repayment if the sponsor can demonstrate that he or she had good cause or was without fault for the provision of the incorrect information. If possible, a personal contact shall follow the written demand letter. The sponsor is entitled to a fair hearing either to contest a determination that the sponsor was at fault where it was determined that incorrect information was provided or to contest the amount of the claim. Collection action may be terminated at any time if documentation exists that the sponsor cannot be located or when the cost of further collection is likely to exceed the amount that can be recovered.

If the sponsor responds to the demand letter and is financially able to pay the claim at one time, the Department shall collect a lump sum payment. The Department may negotiate a payment schedule with the sponsor as long as payments are provided in regular installments. If the sponsor fails to respond to the demand letter, the Department may pursue other collection actions to obtain repayment.

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- (3) Good cause or failure without fault to supply correct information shall include but is not limited to the following situations:
- a. The incorrect information relates to the alien and is listed in (B)(1) through (B)(3) of this section.
 - b. The incorrect information relates to the sponsor and is listed in (B)(4) through (B)(7) of this section, and evidence exists that the sponsor transmitted correct information to the alien and/or the alien's spouse or both.
 - c. Evidence exists that the alien falsified verification.
 - d. Other reason(s) that are deemed appropriate by the Department.

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Because of the way these households receive income, special certification procedures are required.

365.410: Resident Farm Laborers

Resident farm laborers may work for one (1) employer or for a number of employers during the year. The certification procedures for these households differ depending on the household's receipt of income.

(A) Stable Income

Some farm laborers are normally employed for the entire year and receive a regular monthly salary. These households can be certified for up to one (1) year providing the receipt of regular income can be predicted and household circumstances are not likely to change.

(B) Irregular Income(1) One (1) Employer

In some instances the farm laborer household resides year round on one farm, but is paid only during the work season. During the non-work season, the household may receive advance or deferred payments. The worker may have some difficulty in assigning an income figure to the farm worker whose income is high during the work season and correspondingly low during the non-work season when income is only from advance or deferred payments. Since the variation in income between the two (2) cycles may be quite substantial, averaging income over the

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certification period might tend to inhibit households from participating during the non-work period of low income. Even if income is prorated unevenly over the certification period to account for such variations, the income figure assigned during the low period might not be truly representative of the actual cash available to the household. For this reason, consideration should be given to certifying the household for lesser periods to take into account the income actually available to the household.

(2) More than one Employer.

Farm laborer households which reside on the farm year round, but do not receive advance or deferred payments will most likely have income from another source during the non-work season. These households should be assigned shorter certification periods in accordance with the predictability of the receipt and amount of income.

(C) Work Registration

Resident farm laborers must register for work during the non-work season unless exempt under the provision of 106 CMR 362.32Q.

365.420: Migrant Farm Laborers(A) Definition

Seasonal migrant farm laborers are individuals who move from one region or locale to another to engage in or seek farm, land, or crop cultivation activities that are seasonal. Migrant farm laborers may travel completely within a state or may move across many states, traveling in a seasonal pattern.

(B) Assets

Special care should be taken in dealing with migrants to determine if there are out-of-state assets or income from real property in the home-base area. For example, a migrant, who claims Texas as a home-base area and who is applying for food stamps in Massachusetts should be questioned as to the availability of assets in Texas as well as Massachusetts. Particular attention should be paid to real property in the home-base area. Each applicant household is permitted one home and lot as an exemption from assets. If the applicant has a home and lot in Texas and does not own a residence in Massachusetts, the Texas home will be exempt as an asset. Shelter costs for the home when not occupied

by the household because of employment may be allowed under certain circumstances. To be included in the household's shelter costs, the household must intend to return; the home must not be leased or rented; and the current occupants of the home, if any, must not be claiming the shelter costs. Verification requirements for these expenses are discussed in 106 CMR 364.450(B). Additionally, the worker should explore the possibility that out-of-state real property is being rented or is producing income in some way. If such property is producing income, such income must be added to all other household income in determining eligibility and basis of issuance.

(C) Income

Migrant households are subject to the normal income eligibility standards.

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(D) Expedited Service. A migrant household newly arrived in an area usually has little or no income and may be eligible for expedited certification and issuance.

(E) Work Registration. Employable members of migrant households who are not employed at least 30 hours a week or receiving weekly earnings equal to the Federal minimum wage multiplied by 30 hours must register for and accept suitable employment in the same manner as other persons. Growers should be made aware of the fact that migrants are being registered with DES and that they can obtain workers there.

365.430: School Employees

Teachers and other school employees who work under a renewable annual contract will be considered to be receiving compensation for an entire year even though pre-determined non-work periods are involved and actual compensation is paid during the work periods only.

(A) Annual Contract

(1) Contract Renewal. The renewal process may involve signing a new contract each year; automatic renewal; or, as in cases of school tenure, rehire rights may be implied and thus preclude the use of a written contract altogether.

(2) Work - Non-Work Cycle. The fact that a contract is in effect for an entire year does not mean that the contract will stipulate work every month of the year. Rather, there may be certain predictable non-work periods or vacations, such as the summer break between school years.

(3) Income. Income from an annual contract will be considered as compensation for a full year regardless of the frequency of compensation whether stipulated in the terms of the contract, or determined at the convenience of the employer, or determined at the wish of the employee.

(3) Determining Eligibility and Benefit Level. School employees who derive their annual income in a period of time shorter than one year shall have that income averaged over a 12-month period, provided the income is not received on an hourly or piecework basis. To determine household eligibility, all other monthly income from other household members will be added to this average monthly income, and income exclusions and deductions applied in the normal manner. Once eligibility has been determined, the annualized income may either be averaged or prorated unevenly over the 12 months before adding it to other monthly income for determining the household's basis of issuance during the certification period.

(C) Certification Periods for School Employees

Certification periods shall be assigned in accordance with Sections 364.700 through 364.730.

(D) Work Registration

During non-work periods school employees are subject to the work registration requirements and must register for work unless exempt under the provisions of Section 362.320.

365.500: Households Living with Non-Household Members

Non-disqualified non-household members as defined in Section 361.230(A), (B), (C) and (E) shall be treated in accordance with Section 365.510. Disqualified non-household members as defined in Section 361.230(D) shall be considered in accordance with Section 365.520 during the period of disqualification.

365.510: Non-Disqualified Non-Household Members

Non-disqualified non-household members shall be treated in accordance with the provisions of the following subsections. Otherwise eligible non-disqualified non-household members may be eligible as separate households.

(A) Applying Financial Eligibility Standards

The income and resources of the non-disqualified non-household member shall not be considered available to the household.

- (1) Cash payments from the non-household member to the household shall be considered countable income to the household.
- (2) Vendor payments made by the non-household member on behalf of the household shall be excluded as income to the household.
- (3) If the food stamp household shares deductible expenses with a non-household member(s), only the amount actually paid or contributed by the food stamp household shall be deducted as a household expense. If the payments or contributions cannot be differentiated, the expenses shall be prorated evenly among all household members including the non-household member(s) and only the food stamp household's prorated share deducted.

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- (4) For certain cases, the earned income of a household member and the earned income of a nonhousehold member are combined into one wage. If the household's share can be identified, that portion shall be included in the household's earned income. If the household's share cannot be identified, the earned income shall be prorated among all those whom it was intended to cover and the portion attributed to household members shall be included in the household's earned income.

(B) Determining Eligibility and Benefit Level

The nondisqualified nonhousehold member is excluded when determining the household's eligibility and benefit level.

(C) Actions Required for Certified Households with Nonhousehold Members

If a member of a certified household becomes a nonhousehold member, the worker shall review the household's eligibility and benefit level and issue a Notice of Adverse Action if the household's benefits are to be reduced or terminated.

365.520: Disqualified Nonhousehold Members

(A) Nonhousehold Members Disqualified Due to an Intentional Program Violation or Work Requirement Sanction and the Remaining Household Members Shall be Treated as Follows:

(1) Assets

The countable assets of a nonhousehold member disqualified due to an intentional program violation or work requirement sanction shall continue to count in their entirety to the remaining household members.

(2) Income

The countable income of a nonhousehold member disqualified due to an intentional program violation or work requirement sanction shall continue to count in its entirety to the remaining household members.

(3) Deductible Expenses

A nonhousehold member's expenses, as listed in 106 CMR 364.400, shall continue to apply to the remaining household members, if that member is disqualified due to an intentional program violation or work requirement sanction.

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A nonhousehold member disqualified due to an intentional program violation or work requirement sanction shall not be included in determining the household's size except when calculating the household's entitlement. In no instance shall this disqualification increase the benefit level for the remaining household members.

(5) Action Required

When a household's benefits are reduced or terminated because one of its members has been disqualified due to an intentional program violation, the Department shall notify the remaining members of their eligibility and benefit level at the same time the nonhousehold member being disqualified is notified of the disqualification. The household is not entitled to a Notice of Adverse Action, but may request a fair hearing to contest the reduction or the termination of benefits, unless the household has already had a fair hearing consolidated with an ADH regarding the amount of the claim, or the household has filed a signed waiver in accordance with 106 CMR 367.660.

See 106 CMR 365.520(B)(5) when reducing or terminating a household's benefits due to noncompliance with a work requirement.

(B) Nonhousehold Members Disqualified Due to Refusal to Obtain a Social Security Number or for Ineligible Alien Status Shall be Treated as Follows:(1) Assets

The countable assets of a nonhousehold member disqualified for refusal to obtain a social security number or for ineligible alien status shall continue to count in their entirety to the remaining household members.

(2) Income

A pro rata share of the countable income of a nonhousehold member disqualified for refusal to obtain a social security number or for ineligible alien status shall be counted to the remaining household members.

The household's pro rata share is calculated by dividing the disqualified nonhousehold member's countable income by the sum of the number of the remaining household members plus the number of disqualified household members. The result is then multiplied by the number of remaining eligible household members to arrive at the household's pro rata share.

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The standard deduction shall continue to apply to the remaining eligible household members living with a member disqualified for refusal to obtain a social security number or for being an ineligible alien.

The earned income deduction shall apply to the household's pro rata share of such disqualified nonhousehold members' earned income.

A pro rata share of shelter and dependent care expenses shall be the household's deductible expenses. The household's pro rata share is calculated by dividing the shelter and dependent care expenses paid by or billed to such a disqualified member by the sum of the number of household members plus the number of disqualified nonhousehold members. The result is multiplied by the number of eligible household members to arrive at the household's pro rata share.

(4) Eligibility and Benefit Levels

A nonhousehold member disqualified due to refusal to obtain a social security number or ineligible alien status shall not be included in determining the household's size for any reason.

(5) Action Required

When a household's benefits are reduced or terminated because one of its members refused to obtain a social security number or for being an ineligible alien or for noncompliance with a work requirement, the worker shall issue a Notice of Adverse Action informing the household that the individual is being disqualified, the reason for the disqualification, the eligibility and benefit level of the remaining members, and the actions the household must take to end the disqualification, if applicable.

365.550: Residents of Shelters for Battered Women and Their Children

This section and the special provisions it contains, apply only to individuals residing in shelters for battered women and their children to whom the shelters provide meals.

(A) Definition

A shelter for battered women and children is defined as a public or private nonprofit facility that provides meals and lodging to battered women and their children. If a facility also serves other individuals, a portion of that facility must be set aside on a long-term basis to house only battered women and their children.

Shelters that are authorized by the Food and Nutrition Service (FNS) of USDA to redeem stamps at a wholesale food store meet this definition. No further assessment of the eligibility of these centers is necessary.

(B) Household Definition

Women or women with their children residing in a shelter shall be considered individual household units for the purpose of applying for and participating in the program.

(C) Residency and Participation

The restrictions in Section 362.100 which prohibit an individual from participating as a member of more than one household or in more than one state in any given month do not apply to certain shelter residents. A shelter resident certified as a member of a household that contains the person who subjected him or her to abuse may apply for and, if eligible, receive an additional food stamp allotment as a separate household. Residents may receive an additional allotment as a separate household only once a month.

The Department shall take action to adjust the benefits of the resident's former food stamp household either by shortening that household's certification period and issuing a Notice of Food Stamp Termination (Section 364.840) or by acting on the reported change and issuing a Notice of Adverse Action (Section 364.860).

(D) Financial Eligibility and Deductible Expenses

Shelter residents who apply as separate households shall be certified solely on the basis of their income, assets, and the shelter expenses for which they are liable. The income, assets, and shelter expenses of their former household shall be disregarded. Assets held jointly with members of the former household shall be handled in accordance with Section 363.120. Room payments to the shelter shall be considered shelter expenses.

(E) Expedited Processing

Residents who are otherwise entitled to expedited certification and issuance shall be issued benefits in accordance with expedited issuance standards set forth in Section 364.900(A).

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Residents of drug/alcoholic treatment centers and group living arrangements who are considered residents of institutions (see 106 CMR 361.240) may be eligible to participate in the Food Stamp Program.

365.610: Drug/Alcoholic Treatment Centers

A qualifying drug addiction or alcoholic treatment and rehabilitation program is one that is conducted by a publicly operated community mental health center under part B of Title XIX of the Public Health Service Act or by a private nonprofit organization or institution. The organization or institution shall receive and spend the coupon allotment for food prepared by and/or served to the addict or alcoholic.

Residents must apply and be certified through the use of an authorized representative who is an employee of and designated by the organization or institution administering the treatment and rehabilitation program. Resident addicts and alcoholics shall be certified as one-person households using the same procedures that apply to all other households except that certification is completed through the use of an authorized representative.

365.620: Group Living Arrangements

A group living arrangement is defined for food stamp purposes as a community-based residential facility operated by a public or private nonprofit organization or institution authorized to serve no more than 16 residents. The facility shall be certified by an appropriate state agency under regulations issued pursuant to section 1616(e) of the Social Security Act, or under standards determined by the Secretary of Agriculture, to be comparable to standards implemented by appropriate state agencies under such section. To be eligible for food stamp benefits, a resident must be blind or disabled and receiving benefits under Title I, II (RSDI), X, XIV, XVI (SSI), or XIX of the Social Security Act.

Prior to certifying a resident of a group living arrangement, the worker must verify that the facility is operated by a nonprofit organization or institution certified by the appropriate State agency and authorized to serve no more than 16 residents.

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(A) Application Procedures

Residents of group living arrangements may apply and be certified through the use of an authorized representative who is an employee of and designated by the facility, or apply and be certified on their own behalf or through the use of an authorized representative of their own choice. The facility shall make the determination that a resident must apply through the facility's authorized representative, or may apply on his or her own behalf or through the use of an authorized representative of his or her own choice. The determination shall be based on the resident's physical and mental ability to handle his or her own affairs. All of the residents of the group living arrangement do not have to be certified through an authorized representative or individually in order for one or the other method to be used.

(1) Group Living Arrangement as Authorized Representative

Residents that apply through the use of the facility's authorized representative shall have their eligibility determined as one-person households. The facility shall receive and spend the residents' coupon allotment for food to be prepared and served to the eligible residents, or may allow the residents to use any portion of their allotments on their own behalf.

(2) Residents Acting on Their Own Behalf

When a resident, or group of residents, applies and is certified on their own behalf or through the use of an authorized representative of their own choice, they may return the coupon allotment to the facility to be used to purchase food for meals served either communally or individually to eligible residents, use the coupons to purchase meals prepared and served by the facility, or use any portion of the coupons to purchase and prepare food for their own consumption.

365.630: Certification of Residents(A) Application Processing(1) Expedited Service

Residents of drug or alcoholic treatment centers and group living arrangements may be eligible for expedited service in accordance with Section 365.800 et seq. Eligibility of the facility, as defined in Sections 365.610 and 365.620, shall be verified prior to the provision of expedited service.

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When normal processing standards apply, the worker must complete the verification and documentation requirements prior to making an eligibility determination for the initial application.

(B) Determining Shelter Costs for Residents

When residents make a combined payment for meals and lodging (shelter), the cost of shelter shall be equal to the difference between the amount of the room and board payment and the maximum coupon allotment for the appropriate food stamp household size.

(C) Recertification and Changes During the Certification Period

The worker shall recertify residents and process changes in household circumstances using the same standards that apply to all other food stamp households.

(D) Rights of Certified Residents

Resident households have the same rights to notices of adverse action, fair hearings and entitlement to lost benefits as do all other food stamp households.

(E) Work Registration

Addicts and alcoholics who regularly participate in a treatment and rehabilitation program are exempt from the work registration requirement (Section 362.330). Participation may be verified through the organization or institution operating the program before granting the exemption, if the information is questionable.

365.640: Treatment Center and Group Living Arrangement Responsibilities(A) Monthly Reports

Each treatment center and group living arrangement shall give the local office a monthly list of currently participating residents. This list shall include a statement signed by a responsible facility official attesting to the validity of the list.

(B) Reporting Changes

Treatment centers and group living arrangements, when acting as an authorized representative, shall notify the local office of changes in the (resident) household's income or other circumstances. The facility shall also immediately notify the local office when a resident leaves the facility.

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- (1) When a resident leaves a treatment center or a group living arrangement that is acting as the resident's authorized representative, the following rules apply.
 - a. If the ATP is received after the household leaves, the facility shall return the ATP to the local office.
 - b. If a household leaves the facility after the ATP is received and transacted, the facility shall provide the household with its full monthly allotment if no coupons have been used on behalf of that household. This applies at any time during the month.
 - c. If a household leaves the facility prior to the 16th day of the month and coupons have been spent on behalf of the household, the facility shall provide the household with one-half of its monthly allotment and ID card.
 - d. If a household leaves the facility on or after the 16th day of the month and any coupons have been spent on behalf of the household, the household does not receive any coupons.
 - e. Once a household leaves, the facility is no longer allowed to act as that household's authorized representative.
- (2) When a resident or group of residents are certified on their own behalf, the following apply:
 - a. If the residents retain use of their coupons, they are entitled to keep the coupons when they leave the facility. If a group of residents has applied as a household and retain use of their coupons, a pro rata share of the remaining coupons shall be provided to any departing member.
 - b. If a group of residents has been certified as a household and has returned their coupons to the facility to use, a departing member shall be given a pro rata share of one-half of the household's monthly allotment if leaving prior to the 16th of the month.
- (3) The facility shall at the end of each month return to the Department any coupons not provided to departing residents.

(D) Change Report Form

The treatment center or group living arrangement shall (if possible) provide the household with a Change Report Form. The household is to use the form to report its new address and other circumstances to the Department after leaving the facility. The facility must advise the household to return the form to the appropriate office of the Department within 10 days.

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365.650: Liability of Facility as Authorized Representative(A) Misrepresentation or Fraud

The organization or institution is responsible for any misrepresentation or fraud which it knowingly commits in the certification of residents. As an authorized representative, the organization or institution must be knowledgeable about household's circumstances and should carefully review those circumstances with residents prior to applying on their behalf. The organization or institution is strictly liable for all losses or misuse of food coupons held on behalf of resident households and for all overissuances which occur while the households are residents of the facility.

(B) Claims for Overissuances

Whenever an overissuance is discovered, whether by the worker, the Department, or the United States Department of Agriculture, a claim determination shall be established against the organization or institution to recover the value of the overissuance.

365.660: Facility Penalties and Disqualifications

The United States Department of Agriculture may disqualify or penalize an organization or institution if it is determined administratively or judicially that coupons were misappropriated or used

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for purchases that did not contribute to a certified household's meals. The worker shall promptly notify the Office of Assistance Payments, 600 Washington Street, Boston, MA 02111, when s/he has reason to believe that an organization or institution is misusing coupons in its possession. However, the Department shall not take any action against the organization or institution prior to United States Department of Agriculture action.

365.670: Disqualified Treatment Centers and Group Living Arrangements

The Department shall suspend the authorized representative status of any treatment center or group living arrangement that is disqualified by the United States Department of Agriculture. The authorized representative status shall remain suspended for as long as the facility is disqualified.

365.680: Loss of State Agency Certification

A drug/alcoholic treatment center or a group living arrangement that loses its State agency certification may not participate in the Food Stamp Program.

365.690: Residents of Disqualified and Decertified Facilities

(A) Drug/Alcoholic Treatment Centers. Residents of a drug/alcoholic treatment center that has its status as an authorized representative suspended or loses its State agency certification are ineligible to participate in the Food Stamp Program.

(B) Group Living Arrangements. Residents of a group living arrangement that has its status as an authorized representative suspended or loses its State agency certification shall be ineligible unless they apply and are certified on their own behalf. These residents may still participate if otherwise eligible. However, their coupon use shall be restricted in that coupons may not be turned over to facility either to purchase food or for meals.

(C) Notice to Residents. Residents whose eligibility is terminated because the facility in which they live loses its State agency certification or has its status as an authorized representative suspended are not entitled to advance notice of adverse action. However, they shall receive a Notice of Ineligibility explaining the termination and when it will be effective.

365.700: Students

A student is an individual enrolled in any kindergarten, grade school, vocation school, technical school, training program, college, or university at least half-time as defined by the institution. A student's status is not altered during temporary periods of time in

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which the school is not in session, such as summer vacations or semester breaks, provided he or she is enrolled for the next regular session.

Students require special procedures for the handling of income and the determination of eligibility. While such procedures are of primary importance in the certification of households consisting solely of students or where the student is the head of household, these special handling procedures are equally applicable to households where the student is a dependent member.

365.710: Students Enrolled in Institutions of Higher Education

To be eligible to participate in the Food Stamp Program, students between the ages of 18 and 60 who are enrolled in an institution of higher education, as defined in Section 362.400, must meet the conditions of Sections 362.400 through 362.420.

365.730: Assets

Student households are subject to the asset eligibility standards set forth in Sections 363.000 through 363.150. In determining the assets of students, deferred payment loans and other monies that have been averaged as income (Section 365.740) shall not be counted as an asset.

365.740: Income

Students as a rule have extremely uneven cash flows and have sources of income not normally available to other households.

(A) Income for Educational Purposes

This includes scholarships, fellowships, educational grants, deferred payment loans for education, veterans' educational benefits and the like that are used for education.

(B) Excluded Educational Expenses

- (1) The income described in (A) above is excluded to the extent that it is made available for tuition, mandatory school fees, origination fees and insurance premiums on student loans, books, supplies, transportation, and any other expenses necessitated by school attendance in accordance with Subsection 363.230(D), at an institution of post-secondary education, including correspondence schools at that level, or a school at any level for the physically or mentally handicapped.

An institution of post-secondary education is any public or private educational institution that admits persons who are beyond the age of compulsory school attendance in the state in which the institution is located or normally requires a high school diploma or equivalency certificate for enrollment. The institution must be legally authorized or

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recognized by the state to provide an educational program beyond secondary education in the state or to provide a training program that will prepare students for gainful employment. This includes, but is not limited to, colleges, universities and technical schools.

- (2) Mandatory Fees are those that the institution providing the course of study charges to all students or to all students within a certain curriculum. For example, uniforms, lab fees, or equipment charged to all students to enroll in a chemistry course are mandatory fees and are, therefore, excluded.
- (3) Excluded Reimbursements are nonfederal reimbursements or allowances provided to the student for past or future expenses. These nonfederal reimbursements are excluded from income to the extent that they do not exceed the actual expense and do not represent a gain or benefit to the student (see Subsection 363.230(F)). For example, nonfederal reimbursements for specific educational expenses, such as travel or books, are excluded from income. However, allowances for normal living expenses, such as food eaten at home, personal clothing, or rent or mortgage, that are, therefore, a gain or benefit are included as income.
 - a. To be excluded, the grantor must provide and earmark these payments specifically for educational expenses rather than for normal living expenses.
 - b. When a reimbursement, including a flat allowance, covers multiple expenses, each expense does not have to be separately identified as long as none of the reimbursement covers normal living expenses.
 - c. Reimbursements shall not be considered to exceed actual expenses unless the provider or the household indicates the amount is excessive.

365.750: Determining Countable Income from Educational Grants and Reimbursements

Before determining the student household's eligibility, the worker must calculate the student's income from educational grants and reimbursements. The countable income from these sources is classified as unearned income.

(A) Income from Nonfederal Educational Reimbursements, Grants and Loans

- (1) Determine the total cash value of all nonfederal scholarships, educational grants, deferred payment loans, reimbursements, and other monies received by a student for educational expenses.
- (2) Subtract those payments that are provided and specifically earmarked by the grantor for educational expenses (see Subsection 365.740(B)(3)).

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- (3) Subtract any tuition, mandatory fees, origination fees and insurance premiums on student loans allowed by Subsection 363.230(D).

(B) Income from Federal Educational Grants and Loans

- (1) Determine the total cash value of all federal scholarships, educational grants, deferred payment loans, and other monies received by a student for educational expenses.
- (2) Subtract all tuition, mandatory fees, origination fees and insurance premiums on student loans, books, supplies, transportation and any other expenses necessitated by school attendance (allowed by Subsection 363.230(D)) paid or expected to be paid for the period such monies are intended to cover that were not previously excluded in (A) above.

(C) Total Countable Educational Income

- (1) Total the countable income.
- (2) Average the total countable income over the period such monies are intended to cover. This figure is the monthly countable income derived from educational income.

365.800: Expedited Service

Each local office shall designate personnel to screen each application on the day it is made so that a determination can be made on that day as to whether the household is entitled to expedited service. An application made at the Social Security Administration must be screened for entitlement to expedited service on the day it is received at the correct local office. Designated personnel may include a volunteer, a receptionist, or other employee.

A \$150 gross income household, as described in Section 365.810, a destitute (migrant) household, as described in Section 365.820, and special expedited service households, as described in Section 365.830, are the only households entitled to expedited service at initial certification. These households may be entitled to expedited service at recertification if, before provision of expedited service, they have either: 1) completed any verification requirements postponed at the last provision of expedited service; or 2) been certified on a non-expedited basis since the last provision of expedited service.

A household requesting, but not entitled to, expedited service shall have its application processed according to normal processing standards.

365.810: One Hundred Fifty Dollar (\$150) Gross Income Household

(A) Definition

A \$150 gross income household is a household whose gross income for the month of application does not exceed \$150 and whose liquid assets, as described in Section 363.100, do not exceed \$100.

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(B) Verification

The household's identity is the only eligibility factor that must be verified before expedited service is provided. Readily available documentary evidence or collateral contact, in accordance with Subsections 361.640(A) and (B), may be used. Examples of acceptable documentary evidence include, but are not limited to, a driver's license, a work or school I.D. card, a voter registration card, a birth certificate, wage stubs or an I.D. for health benefits or for another assistance or social services program. Any documents that reasonably establish the applicant's identity must be accepted and no requirement for a specific type of document, such as a birth certificate, may be imposed.

The Social Security requirements of Section 362.500 do not have to be met before expedited service is provided. These requirements must be met prior to the first full month of participation, unless good cause for not meeting these requirements is established in accordance with Subsection 362.500(D).

The applicant must register for work in accordance with Section 362.300 unless exempt (Section 362.330) or unless the household has designated an authorized representative to apply on its behalf in accordance with Section 361.300. Every household member who is required to register for work is required to enroll and participate in FS/ET (Subsection 362.350(A)) unless determined to be exempt from FS/ET enrollment in accordance with Subsection 362.350(B). The work registration/ET enrollment and participation requirements for other household members must be met before expedited service is provided if the requirements can be completed within the expedited service processing time standards.

The worker should attempt to obtain as much required verification (Section 361.610) as possible during the interview, but should not delay the certification for expedited service until the fourth day if the worker has determined it is unlikely that other verification can be obtained within this timeframe. Identity must always be verified before expedited service is provided.

(C) Determining Eligibility and Benefit Level

All income received or reasonably expected to be received in the month of application must be considered when determining eligibility and benefit level.

The provisions of Section 364.650 concerning the proration of initial month's benefits shall apply.

(D) Processing StandardsIssuance of ATP by the Fourth Calendar Day

For households determined eligible for expedited service, the local office shall make the household's ATP available no later than the fourth calendar day following the day the application was filed. This will ensure that the household has the opportunity to

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transact the ATP no later than the fifth calendar day following the day the application was filed.

Issuance of ATP When The Fifth Calendar Day Is a Saturday, Sunday, or Holiday

If the fourth calendar day is a Saturday, Sunday, or a holiday that falls on a Monday, the ATP must be available on the previous Friday. If the fourth calendar day is a holiday that falls on a Friday, the ATP must be available on the previous Thursday. This will ensure, in both cases, that the household has the opportunity to transact the ATP no later than the fifth calendar day following the day the application was filed.

Office Interview Not Required or Waived

When an office interview is not required or is waived, the worker shall conduct a telephone interview by the first working day following the date the application was filed if the household can be reached by telephone. If the household cannot be reached by telephone, the worker shall notify the household by mail by the first working day following the date the application was filed that the household must contact the office to be interviewed by telephone. The ATP shall be provided to a responsible household member or the authorized representative.

Unsigned or Incomplete Application

If a household submits an unsigned application or an application that is not completely filled out and is subsequently interviewed by telephone, the worker shall complete the application during the interview. The completed application will be mailed to the household on the same day for signature. For these households the expedited service processing standard begins on the date a completed and signed application is received rather than the date the application was filed. Households unable to appoint an authorized representative and not required to come into the office as part of the certification process shall have their ATP mailed no later than the latest available mail pickup time in the community in accordance with the expedited service issuance processing standards.

In some cases the worker may find a household entitled to expedited service that the screening process failed to identify. For these households the expedited service processing standard begins on the date the worker discovers the household is entitled to expedited service.

(E) Assigning Certification Periods

Verification Provided Prior to Certification

Households that are certified on an expedited basis and have provided all necessary verification prior to certification shall be assigned a certification period in accordance with Section 364.700.

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Verification Postponed

Households that are certified on an expedited basis but have postponed providing verification shall be certified for the month of application only. They must be informed on the Notice of Eligibility that they will receive no further benefits until the postponed verification is provided. When these households provide the postponed verification they shall be provided with their second month's benefits within five working days from receipt of the verification or on the first day of the cyclical issuance period, whichever is later.

365.820: Destitute (Migrant) Household(A) Definition

A destitute household is a migrant or seasonal farmworker household whose liquid assets, as described in Section 363.100, do not exceed \$100 and who has little or no income in the month of application because an income source has been terminated, is new, or because one income source is terminated and one income source is new, as defined below.

(1) Terminated Source

If a household is to be eligible for expedited issuance on the basis of a terminated source of income, the household must reasonably expect to receive no income from that source during the balance of the month of application and the next month if the household had been receiving income from this source monthly or more frequently. A household having received income less frequently than monthly must reasonably expect to receive no income from this source when the next payment would normally have been received.

(2) New Source

If the household is to be eligible for expedited service on the basis of a new source of income, the income received or reasonably expected to be received during the periods of time described below must not exceed \$25:

- a. The 10 days following the date of application; and
- b. The 30 days prior to the date of application if income is normally received monthly or more frequently than monthly, or during the last normal interval between payments if income is normally received less frequently than monthly.

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If the household is to be eligible for expedited service during a month in which it has received income from both a terminated source and a new source, no income from the terminated source must be reasonably expected to be received during the balance of the month of application and not more than \$25 must be reasonably expected to be received from the new source during the 10 days following the date of application.

A household member who has changed jobs and continues to work for the same employer shall be considered as still receiving income from the same source.

A household member's source of income shall be considered to be the grower for whom the member is working and not the crew chief. A member who travels with the same crew chief but moves from one grower to another shall be considered to have moved from a terminated income source to a new source.

Travel advances received from a new employer by a household to journey to the new employment shall be disregarded when determining whether a household is eligible for expedited service but may be considered when determining the household's eligibility and benefit level in accordance with (C), below.

(B) Verification

The verification requirements for a destitute (migrant) household for expedited service are set forth in Subsection 365.810(B).

(C) Determining Eligibility and Benefit Level

Income already received during the month of application must be considered when determining eligibility and benefit level. Income anticipated to be received after the application has been made shall be disregarded.

If a travel advance has been received during the month of application, it shall be disregarded if it is considered a reimbursement. If it is considered by written contract as an advance on wages to be earned later, the travel advance shall be considered income.

The provisions of Section 364.650 concerning the proration of initial month's benefits shall apply.

(D) Processing Standards

Processing standards for providing expedited service to destitute (migrant) households shall be in accordance with Subsection 365.810(D).

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(E) Assigning Certification Periods

Assigning certification periods for destitute (migrant) households shall be in accordance with Subsection 365.810(E) with the following exception: destitute (migrant) households who have postponed verification from sources outside the state shall be issued a second month's benefits if verification from sources within the state have been received. The second month's benefits shall be provided within five working days from receipt of the verification or on the first day of the cyclical issuance period, whichever is later.

Destitute (migrant) households must provide verification from sources outside the state before they are issued a third month's benefits. The third month's benefits shall be provided within five working days from receipt of the verification or on the first day of the cyclical issuance period, whichever is later.

365.830: Special Expedited Service Households(A) Definition

There are two types of special expedited service households:

- (1) Eligible households in which all members are "homeless individuals" as defined below; and
- (2) Eligible households whose combined monthly gross income and liquid assets are less than their combined monthly rent (or mortgage) and utilities.

A "homeless individual" is an individual who lacks a fixed and regular nighttime residence or an individual whose primary nighttime residence is:

- (1) A supervised shelter designed to provide temporary accommodations (such as a welfare hotel or congregate shelter);
- (2) A halfway house or similar institution that provides temporary residence for individuals intended to be institutionalized;
- (3) A temporary accommodation in the residence of another individual; or
- (4) A place not designed for, or ordinarily used, as a regular sleeping accommodation for human beings (a hallway, a bus station, a lobby, or similar place).

The \$100 liquid asset limit does not apply to these two household types.

(B) Verification

The verification requirements for special expedited service households are set forth in Subsection 365.810(B).

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Determining eligibility and benefit level for special expedited service households shall be in accordance with Subsection 365.810(C).

(D) Processing Standards

Processing standards for providing expedited service to special expedited service households shall be in accordance with Subsection 365.810(D).

(E) Assigning Certification Periods

Assigning certification periods for special expedited service households shall be in accordance with Subsection 365.810(E).

365.900: Households with Income from Self-Employment

The following sections describe the procedures for handling income from a self-employment enterprise and for determining the eligibility and benefit level of households when all or part of their income is from self-employment.

365.910: Roomer, Boarder, Rental Income

Income from roomers, rental property, and boarders of a commercial boarding house is considered self-employment income for Program purposes. A household's countable income from these self-employment enterprises should be determined in accordance with the instructions in this section. The income a household receives from a boarder, other than that received by a household who owns and operates a commercial boarding house, is also considered self-employment income but is handled in accordance with the procedures set forth in Section 365.200.

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When all or part of a household's income is from self-employment, the household members must register for work unless exempt from the requirement.

(A) Exemptions

- (1) The household member shall be exempt from the work registration requirement if s/he is actively engaged in the self-employment enterprise at least 30 hours per week, or if not working 30 hours per week, receiving weekly earnings at least equal to the hourly Federal minimum wage multiplied by 30 hours.
- (2) The household member shall be exempt if s/he is otherwise exempt under the provisions of 106 CMR 362.330.

(B) Seasonal Work

The circumstances of household members engaged in seasonal self-employment shall be carefully reviewed to determine if the minimum requirement is met in the off-season.

- (1) If the seasonal employment averages 30 hours of work per week or the minimum wage, multiplied by 30 hours, the household member is exempt from registering.
- (2) If the number of hours worked or wages earned does not meet the limits in (1) and the household member is not otherwise exempt, s/he must register during non-work periods.

365.930: Special Income Considerations(A) Income from Rental Property

- (1) The cost of doing business is always allowed, regardless of whether the income is classified as earned or unearned.
- (2) Income from rental property is considered earned income and entitles the household to the earned income deduction only if a member of the household is actively engaged in the management of the property at least an average of 20 hours per week.

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The proceeds from the sale of capital goods or equipment related to the business is included when determining self-employment income. Even if only 50% of the proceeds from the sale of capital goods or equipment is taxed for federal income tax purposes, the full amount of the capital gain shall be counted as income for food stamp purposes.

365.940: Allowable Costs of Producing Self-Employment Income

Allowable costs of producing self-employment income include, but are not limited to, the identifiable costs of: labor (wages paid to an employee or work contracted out); stock (inventory); raw materials used to make a product; seed and fertilizer for farming; interest paid to purchase income-producing property; insurance premiums; taxes, assessments, and utilities paid on income-producing property; advertisement; licenses and permits; service and repair of income-producing property; legal and professional fees; business supplies.

365.950: Expenses Not Allowed as a Cost of Producing Self-Employment Income

- (A) Payments on the principal of the purchase price of income producing real estate and capital assets, equipment, machinery and other durable goods. Interest payments are deductible.
- (B) Net losses from previous periods of time.
- (C) Federal, state and local income taxes, money set aside for retirement purposes, and other work-related personal expenses (such as transportation to and from work). These expenses are accounted for by the earned income deduction.
- (D) Depreciation.

365.960: Averaging Self-Employment Income and Assigning Certification Periods

- (A) Self-employment income that represents a household's annual support shall be averaged over a 12-month period, even if the income is received in a shorter period of time during that 12 months. For example, self-employment income received by farmers shall be averaged over a 12-month period if the income is intended to support the farmer on an annual basis. This self-employment income shall be annualized even if the household receives income from other sources in addition to self-employment. However, if the averaged annualized amount does not accurately reflect the household's actual circumstances because the household has experienced a substantial increase or decrease in business, the self-employment income shall be calculated on anticipated earnings. The worker shall not calculate self-employment income on the basis of prior income (such as income tax returns) when the household has experienced a substantial increase or decrease in business.

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- (B) Self-employment income that is received on a monthly basis but that represents a household's annual support shall normally be averaged over a 12-month period. If, however, the averaged amount does not accurately reflect the household's actual circumstances because the household has experienced a substantial increase or decrease in business, the worker shall calculate the self-employment income based on anticipated earnings.
- (C) Self-employment income that is intended to meet the household's needs for only part of the year shall be averaged over the period of time the income is intended to cover. For example, self-employed vendors who work only in the summer and supplement their income from other sources during the balance of the year shall have their self-employment income averaged over the summer months rather than a 12-month period.
- (D) If a household's self-employment enterprise has been in existence for less than a year, the income from that self-employment enterprise shall be averaged over the period of time the business has been in operation and the monthly amount projected for the coming year. However, if the business has been in operation for such a short time that there is insufficient information to make a reasonable projection, the household may be certified for less than a year until the business has been in operation long enough to base a longer projection.

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365.970: Determining Eligibility and Benefit Level(A) Averaged Income

For the period of time over which self-employment is determined, add all gross self-employment income (including capital gains), exclude the cost of producing the self-employment income, and divide the self-employment income by the number of months over which the income will be averaged.

(B) Anticipated Income

For those households whose self-employment income is not averaged but is instead calculated on an anticipated basis, add any capital gains the household anticipates it will receive in the next 12 months, starting with the date the application is filed, and divide this amount by 12. This amount shall be used in successive certification periods during the next 12 months except that a new average monthly amount shall be calculated for this 12 month period if the anticipated amount of capital gains changes. Then add the anticipated monthly amount of capital gains to the anticipated monthly self-employment income, and subtract the cost of producing self-employment income. Except for depreciation, the cost of producing the self-employment income shall be calculated by anticipating the monthly allowable costs of producing the self-employment income. Capital gains is the gain the household makes from the sale of a capital asset, such as real property used to carry out the household's business enterprise, in excess of the value of the property or cost of the property.

(C) Determining Monthly Food Stamp Income

To determine the monthly food stamp income for households with income from self-employment enterprises, the monthly net self-employment income is added to any other earned income, or in the case of unearned rental income to other unearned income, received by the household.

If the cost of producing self-employment income exceeds the income derived from self-employment as a farmer, such losses shall be offset against any other countable income in the household, provided that the farmer has received or is anticipating receiving annual gross proceeds of one thousand dollars (\$1000) or more from the farming enterprise; and provided that whatever base is used to determine any net income from self-employment farm operations, such as the previous year's tax return or current income, the same base is used in determining any net loss. Losses shall be prorated over the year in a manner comparable to that used to prorate farm self-employment income.

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366.050: Introduction

When an applicant household is determined eligible to participate in the Food Stamp Program, the household is assigned a certification period. The responsibility for insuring the household's continuing eligibility during the certification period lies both with the recipient and the worker. The recipient must inform the worker of any changes in household circumstances that may affect household eligibility. The worker must act to insure that the food stamp household receives the benefits to which it is entitled on time and in the right amount. The actions the worker must take to accomplish this are called additional certification functions.

366.100: Changes During the Certification Period

When changes that occur within the certification period affect a household's eligibility or monthly allotment, action must be taken to adjust the household's eligibility. The worker shall advise households of their responsibility to report changes in income and household status within the required time period and shall take timely action to adjust certification based on these changes. Recipient and Department responsibilities are outlined below.

When a household's circumstances change and it becomes entitled to a different eligibility standard, the worker shall apply the different standard at the next recertification or whenever the worker changes the household's eligibility, benefit level or certification period, whichever occurs first.

366.110: Household Responsibilities

Certified households are required to report certain changes within 10 days of the date the change becomes known to the household. The changes may be reported in person, by phone or by mail. The Department shall provide all certified households with a postage paid Change Report Form for reporting changes. The Change Report Form is given out at initial certification, whenever a Change Report Form is returned by a household, and at recertification, if the household needs a new form.

(A) Mandatory Change Reporting Requirements

The following changes must be reported within 10 days of the date the change becomes known to the household.

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- (1) Changes in the source of income, or changes of more than \$25.00 in gross monthly income, except changes in the PA grant.
- (2) Changes in household composition, such as addition or loss of a household member.
- (3) Changes in residence and the resulting changes in shelter expenses.
- (4) When the value of cash on hand, stocks, bonds and money in bank accounts or savings institutions reaches or exceeds a total of two thousand dollars (\$2000).

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- (5) The acquisition of a licensed vehicle that is not fully excluded as an asset (see Subsection 363.140(C)).
- (6) Changes of more than \$25 in the household's monthly medical expenses.

(B) Failure to Report Required Changes

If a household fails to report a required change and as a result receives benefits to which it is not entitled, the worker must establish a claim against the household in accordance with Chapter 367. An individual's benefits shall not be terminated for failure to report a change unless the individual is disqualified through the disqualification process in accordance with Chapter 367.

366.120: Department Responsibility to Take Timely Action

The Department shall not impose any reporting requirements on households except as provided in Section 366.110. The worker shall act promptly on any reported change to determine if it affects the household's eligibility or monthly allotment.

Also, the worker must document the reported change in the case record listing the date the Change Report Form or other notification was received, provide the household another Change Report Form, and notify the household of the effect of the change, if any, on its benefits.

(A) Increases in Benefit Level Requiring Expedited Action

For certain reported changes the worker must follow expedited issuance procedures to reflect the change in the household's monthly allotment.

- (1) When a household reports a change in gross income or allowable deductions which reduces the household's net food stamp income to zero, the worker shall authorize a supplementary ATP for the month in which the change is reported.
- (2) When a household reports the addition of a new household member who is not a certified member of another household, or reports a change in gross monthly income of \$50 or more, the worker must make the change effective in the first allotment issued 10 days after the date the change was reported. In no event shall the change take effect any later than the month following the month of the reported change. If the change

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is reported after the 20th of the month and it is too late in that month to adjust the next month's allotment, the worker must authorize a supplementary ATP to ensure that the household receives the increase in benefits by the 10th day of the following month or the household's normal issuance date, whichever is later.

(B) All Other Increases in Benefit Level

For all other increases in a household's benefit level the change shall be effective no later than the first allotment issued 10 days after the date the change was reported to the Department.

(C) Decreases in Benefit Level

If a household's benefit level decreases or the household becomes ineligible as a result of a change, the Department shall issue a Notice of Adverse Action within 10 days of the date the change was reported unless one of the exemptions to the Notice of Adverse Action, listed in Sections 366.210 and 366.215, applies. When a Notice of Adverse Action is used, the decrease in benefits shall be made effective no later than the next allotment following the month in which the advance notice period expires, provided a fair hearing and continuation of benefits have not been requested by the household. When a Notice of Adverse Action is not used due to one of the exemptions listed in Sections 366.210 and 366.215, the decrease shall be made effective no later than the month following the change.

(D) Verification of Reported Changes

Changes in actual utility expenses reported during a certification period must be verified if the source has changed or the amount has changed by more than \$25 since the last time they were verified. Changes in income reported during a certification period must be verified. Changes in medical expenses, including the amount of reimbursement (e.g., by a third-party insurer) reported during a certification period must be verified if the amount has changed by more than \$25 since the last time they were verified. All other changes reported during a certification period are subject to the same verification requirements and procedures that apply at initial certification. Required verification must be obtained within certain time frames depending on whether the change results in an increase or decrease of the household's benefit level.

(1) Increase in Benefit Levels

When the reported change results in a higher monthly allotment, required verification must be obtained prior to the issuance of the second normal monthly allotment after the

change is reported. If the household fails to provide the verification, the worker shall reduce the household's monthly allotment to the original benefit level. These households are not entitled to advance Notice of Adverse Action. If the worker determines that the household has refused to cooperate in providing the verifications, (s)he must initiate advance Notice of Adverse Action to terminate food stamp benefits for refusal to cooperate (see Section 361.400).

(2) Decrease in Benefit Level

When the reported change results in a lower monthly allotment, required verification must be obtained prior to a household's next recertification of eligibility.

(E) Failure to Act on Reported Changes

If the worker fails to take timely action on a reported change that would result in an increase in benefit level, lost benefits shall be restored to the household by a forward adjustment. If the worker fails to take timely action on a reported change that would result in a decrease in benefit level, a claim determination must be established against the household to recover the overpayment.

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366.130: Mass Changes

Certain changes initiated by the state or federal government may affect all or a significant portion of the caseload. These changes include, but are not limited to, annual adjustments to the Maximum Gross Monthly Income Standards, Maximum Allowable Monthly Net Income Standards, the Shelter Deduction, the Dependent Care Deduction, the Standard deduction, the Standard Utility Allowance deduction(s) and the Maximum Monthly Coupon Allotments; periodic cost-of-living adjustments in Social Security, SSI, and other federal benefits; periodic adjustments to PA grants; and other changes in the eligibility criteria based on legislative or regulatory amendments.

(A) Federal Food Stamp Program Changes

Federal adjustments to eligibility standards, coupon allotments, income deductions, and adjustments to the Standard Utility Allowance shall be publicized through the news media, posters in certification offices, issuance locations, or other sites frequented by certified households, or by mailing general notices to households. A Notice of Adverse Action shall not be used for these changes.

(B) Changes to Grant Amounts of PA Households

When the Department makes an overall adjustment such as a cost-of-living increase to public assistance grants, including General Relief, corresponding adjustments in the households' food stamp benefits shall be handled as a mass change. The household shall be notified of the change in accordance with Subsection 366.130(D).

If the Department has at least 30 days' advance knowledge of the amount of PA adjustments, food stamp benefits shall be recomputed and the new monthly allotment will be effective in the same month as the PA change. If the Department does not have sufficient notice, the food stamp change shall be effective no later than the month following the month the PA change was made.

(C) Changes in Federal Benefit Payments

Changes in federal benefits, such as Social Security, SSI, and Veterans' Administration benefits, shall be treated as a mass change.

The Department shall be responsible for automatically adjusting a household's food stamp benefit level. The change shall be reflected no later than the second allotment issued after the month in which the change becomes effective. Households shall be notified of the change in accordance with Subsection 366.130(D).

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(D) Notice for Mass Changes

- (1) A Notice of Adverse Action is not required when a household's food stamp benefits are reduced or terminated as a result of a mass change in the public assistance grant. However, the Department shall send individual notices to households to inform them of the change. The notice shall inform the household of:
 - (a) The general nature of the change;
 - (b) The effect of the change on the household's allotment;
 - (c) The month in which the change will take effect;
 - (d) The household's right to a fair hearing;
 - (e) The household's right to continue benefits and under what circumstances benefits will be continued pending a fair hearing;
 - (f) General information on whom to contact for additional information; and
 - (g) The liability the household will incur for any overissued benefits if the fair hearing decision is adverse.
- (2) The Department shall notify the household of the mass change no later than the date the household is scheduled to receive the allotment that has been changed. However, the Department shall notify the household of the mass change as much before the household's scheduled issuance date as reasonably possible, although the notice need not be given any earlier than the time required for advance notice of adverse action.
- (3) The household shall be entitled to request a fair hearing when it is aggrieved by the mass change.
- (4) A household that requests a fair hearing due to a mass change shall be entitled to continued benefits at its previous level only if the household meets the following three criteria:
 - (a) The household does not specifically waive its right to a continuation of benefits;
 - (b) The household requests a fair hearing in accordance with Section 366.220; and
 - (c) The household's fair hearing is based upon improper computation of food stamp eligibility or benefits, or upon misapplication or misinterpretation of federal law or regulation.

366.140: Change Reporting Requirements for PA Households

Except for AFDC and RRP households subject to AFDC/RRP Monthly Reporting, and for changes in grant amounts, PA households are subject to the same reporting requirements as all other food stamp households (in accordance with Section 366.110) and shall use the Food Stamp Change Report Form and postage-paid envelope provided by the Department. PA households that report a change in circumstances to the PA worker shall be considered to have reported the change for food stamp purposes.

366.150: Department Action on Reported Changes

Action shall be taken on all changes reported during a household's certification period in accordance with the timeliness standards set forth in Section 366.120. Households shall be notified whenever their monthly food stamp allotment is changed as a result of changes in their public assistance grant or whenever their food stamp certification period is shortened to reflect changes in household circumstances (see Section 365.170).

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In cases jointly processed by SSA and the Department (see Section 361.190) in which the SSI determination results in denial, the worker shall send the household a notice of termination if the worker believes the household's food stamp eligibility or benefit level may be affected. The notice shall advise the household that its certification period will expire in the month following the month in which the notice is sent and that it must reapply if it wishes to continue to participate. The notice shall explain that its certification period is expiring because of changes in circumstances and that it may be entitled to an out-of-office interview.

366.200: Notice of Adverse Action

Prior to taking action to reduce or terminate a household's benefits during the certification period, the

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worker shall, except as specified in Section 366.210, provide the household with advance notice of adverse action. The Notice of Adverse Action shall be considered timely if it is mailed to the household at least ten (10) days prior to the effective date of the proposed action, except as specified in Section 366.215.

366.210: Changes Not Requiring Advance Notice

In the circumstances described below, food stamp benefits may be terminated or decreased without providing the household Advance Notice of Adverse Action or the right to a pretermination or a prereduction hearing:

- (A) The Department initiates a mass change as described in Section 366.130;
- (B) The worker determines, on reliable information, that all members of the household have died;
- (C) The household's whereabouts is unknown and Department mail directed to the household has been returned by the post office indicating no forwarding address. However, the returned ATP must be made available to the household when the household's whereabouts is made known during the issuance period covered by the returned ATP;
- (D) The household has been receiving an increased monthly allotment to restore lost benefits, the restoration is complete, and the household is previously notified in writing of when the increased allotment would terminate;
- (E) The household's allotment varies from month to month within the certification period to take into account changes anticipated at the time of certification and the household was so notified at the time of certification;
- (F) The household files a joint application for cash assistance and food stamp benefits, receives food stamp benefits pending the approval of the cash assistance grant and is notified at the time of certification that food stamp benefits will be reduced upon approval of the cash assistance grant;
- (G) A household member is disqualified due to an Intentional Program Violation, or the benefits of the remaining household members are reduced or terminated to reflect the disqualification of that household member. (The notice requirements for individuals or households affected by IPV disqualifications are explained at Section 367.825);
- (H) The household's benefits are terminated or reduced as a result of the recertification process;

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- (I) The household's benefits are increased as the result of a reported change and the household fails to provide verification of the reported change prior to the second normal monthly allotment after the change was reported;
- (J) The Department is terminating the eligibility of a resident of a drug or alcoholic treatment center or a group living arrangement because the facility has lost its state agency certification or has had its status as an authorized representative suspended due to disqualification by the United States Department of Agriculture; or
- (K) The Department is instituting benefit reduction in order to collect an Intentional Program Violation or an Unintentional Program Violation Claim for Inadvertant Household Error (in accordance with Sections 367.490 et seq.), and the reason is because the household has failed to make an agreed upon repayment.
- (L) The household voluntarily requests, in writing or in the presence of the worker, that its participation be terminated. If the household does not provide a written request, the Department shall send the household a letter confirming the voluntary withdrawal. Written confirmation does not entail the same rights as a notice of adverse action except that the household may request a fair hearing.
- (M) The Department determines, based on reliable information, that the household will not be residing in the area and, therefore, will be unable to obtain its next allotment. The Department shall inform the household of its termination no later than its next scheduled issuance date. While the Department may inform the household before its next issuance date, the Department shall not delay terminating the household's participation in order to provide advance notice.

366.215: Exception to 10-Day Advance Notice Requirement

A household may be notified that its benefits will be reduced or terminated no later than the date the household receives, or would have received, its allotment, provided that the following conditions are met:

- (A) The household reports the information that results in the reduction or termination;
- (B) The reported information is in writing and is signed by the household;
- (C) Based solely upon the household's written information, as provided in Subsection 366.215(B) above, the worker can determine the household's allotment or ineligibility;

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- (D) The household retains its right to a fair hearing as allowed in Sections 367.025 through 367.485;
- (E) The household retains its right to continued benefits by requesting a fair hearing within the time period provided by the notice of adverse action in accordance with Section 366.220; and
- (F) The Department continues the household's previous benefit level, if required, within five working days of the household's request for a fair hearing.

366.220: Continuation of Benefits Pending the Fair Hearing Decision

If, within the advance notice period, a household requests a fair hearing and does not waive continuation of benefits, the household's participation in the program shall be continued at the level authorized immediately prior to the Notice of Adverse Action. Benefits will continue until the Fair Hearing Decision is rendered or the certification period expires, whichever occurs first. If a hearing request is not made within the advance period, the benefits shall be reduced or terminated as proposed. However, if the household establishes that its failure to make the request within the advance notice period was for good cause, the worker shall reinstate benefits to the prior level.

366.300: Recertification

A household's food stamp benefits shall not continue beyond the certification period unless the household has been recertified. To recertify, the household must submit a new application, be interviewed, and provide required verification in accordance with timeliness standards set forth in Section 366.320. Those households that timely recertify and are found eligible shall be entitled to uninterrupted benefits.

This section lists the responsibilities of the household and the Department in the recertification process.

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366.310: Notification to Recertify

Households certified for one or two months shall receive, at the time of certification, a separate notice of recertification responsibilities entitled Notice of Food Stamp Termination. Those households certified for three months or more (except public assistance households) shall receive a separate Notice of Food Stamp Termination in the month prior to the last month of their certification period. This notice will be mailed by the Department no earlier than the first day of the next to last month of certification or no later than the last day of the next to last month of certification. The contents of the notice are set forth in Section 364.840.

Unless it has been 11 months since their eligibility was last determined, public assistance households shall not receive a separate notice of recertification responsibilities. These households are recertified for food stamps at the same time as their public assistance redetermination regardless of whether their food stamp certification period has expired.

366.320: Household Responsibilities

- (A) Filing a Timely Application. Households that are issued a Notice of Food Stamp Termination at the time of certification have 15 days from the date the notice is received to submit a timely application. The eligibility worker shall use the postmark on the notice, plus two days for mailing time, as an aid in determining if households were allowed adequate time. In cases of a dispute households may demonstrate that the notice was not, in fact, received in a timely manner.

Households sent a separate notice during their certification period shall be considered to have timely reapplied if they file a new application by the 15th day of the last month of their certification period.

Households consisting of only SSI applicants or recipients (pure SSI households) may make a timely application for recertification at an SSA office. An application shall be considered filed for normal processing purposes when the signed application is received by the SSA. SSA will forward the completed application and all available verification to the appropriate local office.

- (B) Being Interviewed. The Department may schedule an interview prior to the date the application is timely filed, but cannot deny the household for failure to appear for that interview. The interview shall be scheduled on or after the date the application was timely filed, if the interview has not been previously scheduled, or if the household failed to appear for an interview scheduled prior to filing a timely application and has requested another interview. If the household does not appear for an interview scheduled in accordance with this section, no further action need be initiated by the Department.

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Households consisting entirely of SSI recipients are entitled to a waiver of the face-to-face interview if the household is unable to appoint an authorized representative. Pure SSI households (i.e., consisting only of SSI applicants or recipients) which complete the application for recertification at the SSA office, shall not be required to appear at the local office for a second office interview, although an out-of-office interview may be conducted, if necessary.

(C) Providing Verification

The following verification requirements shall be met at recertification. (See Section 365.180 for verification factors that are deemed for categorically eligible households.) Verification that is submitted with an AFDC/RRP Monthly Report, in the same month as the redetermination, shall meet the verification requirements for recertification. Additional verification is not required unless the information provided is questionable.

Time frames (at least 10 calendar days from the date of the Department's initial request) may be established within which the household must submit any required verification requested to ensure its rights to uninterrupted benefits.

(1) Gross Countable Income

The amount of the household's gross countable monthly income, as defined in Section 363.200, shall be verified prior to recertification unless the household is subject to AFDC/RRP Monthly Reporting requirements. If all attempts to verify the gross countable income are unsuccessful because a third party has failed to cooperate, the worker shall determine the household's gross countable monthly income based on the best available information.

Noncountable income shall be verified only if the information provided by the household is questionable (Section 361.620).

(2) Alien Status

Alien status shall be verified prior to recertification only when the household reports a change in the alien status of a household member.

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(3) Utility Expenses

Households must be informed of the difference between using the standard utility allowance or the actual utility expenses and when they may switch between the SUA and the actual utility expenses.

a. At Initial Certification

At initial certification, households that claim that actual utility expenses are higher than the standard utility allowance and that using the actual utility expenses would result in an increased benefit level must verify the utility expenses. When the actual utility expenses are not verified in time to meet the 30-day application processing standard, the appropriate standard utility allowance shall be used in determining the household's eligibility and benefit level, provided the household is entitled to use the standard (see Subsection 364.400(F)).

When the actual utility expenses are verified by the household, the household's benefit level shall be recalculated. This recalculation is not considered a change in utility allowance since the household claimed actual expenses at initial certification.

Households that are entitled to claim the telephone standard utility allowance, in accordance with Subsection 364.400(F)(1)(c), are not entitled to an increased deduction for actual telephone costs that exceed the telephone standard utility allowance.

b. At Recertification

The household has the right to switch between the use of the actual utility expenses and the standard utility allowance at any recertification (see Subsection 361.610(C)).

If a household that is using actual utility expenses fails to verify the expenses, the appropriate standard utility allowance shall be used in determining the household's eligibility and benefit level. The benefit level shall be recalculated when the household provides the verification. This recalculation is not considered a change in utility allowance.

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(4) Medical Expenses

The amount of allowable medical expenses, including the amount of reimbursement (e.g., by a third-party insurer), shall be verified prior to recertification if their use would result in a larger deduction. Other factors related to the medical expenses, such as the type of service provided or the eligibility of the person incurring the cost, shall be verified only if the information provided by the household is questionable.

(5) Liquid Assets

The current value of the household's countable liquid assets, as defined in Section 363.100, shall be verified in accordance with Section 363.130 prior to recertification.

(6) Social Security Numbers

The social security number (SSN) of each household member shall be verified in accordance with Subsection 362.500(A), unless Good Cause for failure to furnish an SSN exists in accordance with Subsection 362.500(D).

When a household member does not furnish an SSN that can be verified in accordance with Subsection 362.500(A) and Good Cause for failure to furnish an SSN, as specified in Subsection 362.500(D), does not exist, the household member is ineligible and shall be considered a disqualified nonhousehold member in accordance with Section 365.520.

(7) Disability

The disability of a household member, as it pertains to household composition, shall be verified prior to recertification in accordance with Subsection 361.200(B).

(8) Other Eligibility Factors

All other eligibility factors, financial or nonfinancial, shall be verified prior to recertification when the information provided by the applicant is questionable and affects the household's eligibility or benefit level. Other eligibility factors include loans, residency, household composition, citizenship, student eligibility, circumstances relative to work registration and certain deductible expenses.

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366.330: Department Responsibilities

When a household makes a timely application for recertification and fulfills its recertification responsibilities, the worker must certify or deny the application and send the household a notice of the eligibility determination by the end of the current certification period.

(A) Scheduling Interviews

The worker shall schedule a recertification interview in accordance with Subsection 366.320(B).

(B) Time Standards for Providing Benefits to Eligible Households

Households that timely reapplied after having been given a Notice of Food Stamp Termination at the time of certification shall be notified of their eligibility or ineligibility and provided an opportunity to participate (if eligible) no later than 30 days after the household had an opportunity to obtain its last food stamp allotment. All other households that timely recertify shall be provided with an opportunity to participate by their normal issuance date in the month following receipt of the application. Households that timely reapply but are not determined eligible in sufficient time to provide a machine-issued ATP shall be issued an over-the-counter ATP on their normal issuance date (see Subsection 364.900(G)).

366.340: Failure to Recertify in a Timely Fashion

Any application for recertification not submitted in a timely fashion shall be treated as an application for initial certification. Additionally, a household that fails to submit a timely application, or to appear for an interview scheduled after a timely application was submitted, or to provide required verification by the last day of its current certification period shall lose its right to uninterrupted benefits.

If a household submits an application for certification prior to the expiration of its certification period, or within 15 days of the notice of termination in accordance with Section 366.320, and is found eligible for the month following the end of the certification period, the benefits for that month shall not be prorated.

Households that file a timely application but refuse to complete the recertification process shall have their applications denied.

366.450: Certification of Households Moving Within the State

The Department shall provide for continuous service to certified households that move from one certification office to another within the State.

366.500: Restoration of Lost Benefits

The Department shall provide a system for restoring lost benefits. Once a household's entitlement to restoration of lost benefits is established, the amount due shall be restored to the household even if the household is currently ineligible.

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366.510: Entitlement

A household is entitled to lost benefits only for those months in which the household was eligible to participate. In cases where there is no information in the household's case record to document that the household was actually eligible, the worker shall advise the household of what information must be provided to determine eligibility for these months. For each month that the household cannot provide the necessary information to demonstrate its eligibility, the household shall be considered ineligible for restoration of lost benefits. The Department shall restore to the household benefits that were lost because of:

- (A) an agency error, such as an incorrect allotment, an incorrect denial or termination of benefits, agency delay in acting on a reported change, or failure to provide benefits for the month following the expiration of the certification period for households properly fulfilling the recertification process;
- (B) a Department policy that specifically states a household is entitled to lost benefits;
- (C) a reversal of the fraud disqualification penalty of a household member;
- (D) an error by the Department or by SSA through joint application processing. Such an error shall include, but is not limited to, the loss of an applicant's food stamp application after it has been filed with SSA.

366.520: Computing the Amount to be Restored(A) Months of Restoration

Except when benefits are restored as the result of the reversal of a fraud disqualification penalty, benefits shall be restored for not more than 12 months prior to whichever of the following occurred first:

- (1) the month the household or another person or agency notified the appropriate certification office verbally or in writing of the possible loss of benefits;
- (2) the month the worker discovered that a loss has occurred; or
- (3) the date the household requested a fair hearing to contest the adverse action that resulted in the loss.

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- (1) If an incorrect allotment caused the loss to an eligible household, the loss of benefits shall be calculated only for those months the household participated. The worker shall calculate the allotment the household was eligible to receive during the months of entitlement. The amount to be restored is the difference between the actual allotment and the allotment the household was eligible to receive.

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(2) If an incorrect denial, delay or termination of benefits caused the loss, the months affected by the loss are calculated as follows:

- a. If an eligible household's application was erroneously denied, benefits will be restored back to the month of application. For an eligible household filing a timely reapplication, benefits shall be restored back to the month following the expiration of its certification period.
- b. If an eligible household's application was delayed, the months for which benefits will be restored shall be calculated in accordance with 106 CMR 361.900 through 361.960.
- c. If a household's benefits were erroneously terminated, benefits will be restored back to the first month in which benefits were not received as a result of the erroneous action.

After computing the date the loss initially occurred, the loss shall be calculated for each month subsequent to that date until either the first month the error is corrected or the first month the household is found ineligible.

366.530: Notification of Entitlement

When the worker determines that a loss of benefits occurred, s/he shall automatically take action to restore those benefits to the household. No action by the household is necessary. The household shall be notified of its entitlement, the amount of benefits to be restored, any offsetting that was done, the method of restoration and the right to appeal through the fair hearing process if the household disagrees with any aspect of the proposed lost benefit restoration.

366.540: Disputed Benefits

A household may request a fair hearing within 90 days of the date it is notified of the worker's decision regarding lost benefits.

(A) When a household does not agree with the amount to be restored or any other action taken by the Department to restore lost benefits and requests a fair hearing prior to or during the time lost benefits are being restored, the household shall receive the lost benefits in the amount determined by the worker, pending the results of the fair hearing. If the fair hearing decision is favorable to the household, the worker shall restore the lost benefits according to that decision.

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- (B) If a household believes it is entitled to restoration of lost benefits, but the worker, after reviewing the case file, disagrees and informs the household in writing, the household has ninety (90) days from the date of the worker's determination to request a Fair Hearing. If the household requests a Fair Hearing and the Fair Hearing decision is favorable to the household, the worker shall restore the benefits lost up to twelve (12) months prior to the date the worker was initially informed of the household's possible entitlement to lost benefits.

366.550: Offsetting Claims

If a claim against a household is unpaid, held in suspense or terminated, the amount to be restored shall be offset against the amount due on the claim before the balance is restored to the household. Offsetting shall not occur when a household is certified and receiving an initial allotment, even if the initial allotment is issued retroactively.

366.560: Individuals Disqualified for an Intentional Program Violation

Individuals disqualified for an intentional program violation are entitled to restoration of any benefits lost during the months they were disqualified only if the decision to disqualify is subsequently reversed. For each month the individual was disqualified, the amount to be restored, if any, shall be determined by comparing the allotment the household received with the allotment the household would have received had the disqualified member been allowed to participate. Benefits shall be restored regardless of the length of time that has elapsed since the household member was disqualified.

366.570: Method of Restoration

Regardless of current eligibility, the Department shall restore lost benefits to a household by issuing an allotment equal to the amount of benefits that were lost. For currently eligible households the lost benefits shall be issued in a lump sum separate from the household's current monthly allotment. The Department shall honor reasonable requests that the benefits be restored in monthly installments.

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Whenever lost benefits are due a household and the household's membership has changed, the worker shall restore the lost benefits to the household containing a majority of the individuals who were household members at the time the loss occurred. If the worker cannot locate or determine the household which contains a majority of household members, the worker shall restore the lost benefits to the household containing the head of the household at the time the loss occurred.

366.590: Losses that Occurred Prior to the Elimination of the Purchase Requirement

Households assigned a purchase requirement that was too high or assigned an incorrect household size shall be entitled to restoration of lost benefits if the household received fewer bonus stamps as a result. The amount to be restored is equal to the difference between the bonus stamps the household received and the correct amount the household should have received. The Department shall restore the lost benefits in accordance with the procedures in Sections 500 through 580.

366.600: Disaster Certification

The authority for the issuance of emergency food coupon allotments is granted in the Disaster Relief Act of 1974 and the Food Stamp Act of 1977.

The provisions of this section cannot be used without the specific authorization of the Food and Nutrition Service of the U.S. Department of Agriculture following a declaration by the President of a major disaster and other disaster periods declared by Food and Nutrition Service. The authorization by FNS will specify the disaster area and the period for which an over-the-counter zero purchase ATP for eligible households may be given. That authorization must be officially communicated to the CSAO/WSO by the Central Office of the Massachusetts Department of Public Welfare. Only then can these provisions be used.

366.610: Introduction

The Emergency Food Stamp Assistance in Disaster Program is specifically designed to provide immediate relief to all people in need of food assistance because of a disaster situation. Eligibility will be based on a self-declaration application. No additional data will be required to determine eligibility, but the statements of the applicant may be subject to review and verification by Quality Control. Households certified under the disaster eligibility standards shall be provided an ATP for the maximum coupon allotment for the household size.

366.620: Eligibility and Certification

Due to emergency conditions, it is possible that more than one family will occupy a dwelling. Therefore, applicant groups or individuals sharing common living quarters may be certified as separate households. The following eligibility requirements must be met for certification of households under the provisions of Emergency Food Stamp Assistance in Disaster. No other eligibility requirements will be imposed.

(A) Eligibility Requirements

- (1) The household will be eligible for Emergency Food Stamp Assistance in Disaster only once during the time period authorized by FNS. If a new period is authorized by FNS, the household must reapply. No emergency food coupon allotment shall be authorized or issued after the expiration of the authorized period. Previous authorized participation in the ongoing Food Stamp Program, even when the household has already purchased food coupons during the month in which the disaster occurs, shall not preclude a second issuance in accordance with these procedures. A second issuance shall be made if it appears that due to the disaster the household is unable to make the previously authorized purchase or has lost previously purchased coupons or has lost stocks of food acquired through the use of food coupons and meets the other eligibility requirements.
- (2) The household resides either temporarily or permanently within the geographical limits of the disaster area as specified by FNS.
- (3) The household is in need of food stamp assistance because of a reduction in or inaccessibility of income or cash.

(B) Certification Procedures

- (1) The household must complete and have the head of the household, or spouse, or authorized representative sign an FSP-16. That is the application form for Emergency Food Stamp Assistance in Disaster as well as the request for an ATP for the maximum coupon allotment for the household size.

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- (2) The worker reviews the application to determine if the applicant's statements meet the eligibility requirements of Emergency Food Stamp Assistance in Disaster.
- (3) When the household fails to meet the disaster eligibility requirements, they must be given Notice of Denial and be advised that they may apply for food stamp assistance in accordance with ongoing Program requirements.
- (4) When the household is determined to be eligible:
 - a. They must be given a Food Stamp Identification Card.
 - b. They must be given an ATP card over-the-counter for the maximum coupon allotment for the household size for the period authorized by FNS (one-half (1/2) or one (1) month).
 - c. They must be given a Notice of Approval which informs them where stamps may be purchased, proper use of coupons, and that the benefit is only for the specified period. Further benefits can be given only as the result of an approval of a new application for a later time period. (If FNS extends the disaster period, the household will have to make a new application for further benefits.)

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366.900: SSI Cash-In

Since 10/1/81, Massachusetts is no longer designated as a cash-out state and, therefore, SSI recipients residing in Massachusetts are no longer classified as ineligible households and nonhousehold members for food stamp purposes. Households consisting only of SSI, AFDC, and/or EAEDC recipients are categorically eligible to receive food stamps. See 106 CMR 365.180 for additional information.

To facilitate the cash-in process, the United States Department of Agriculture granted waivers to certain standard policy items. The revised policy items, resulting from these waivers, apply only to food stamp households containing SSI recipient(s) and differ depending on whether the household is handled by the SSI/Food Stamp Demonstration Unit or the local office. The waivers apply only to the policy items addressed.

366.910: SSI Recipients Serviced by Local Offices

SSI recipients who do not meet the SSI/Food Stamp Demonstration Unit select criteria shall be serviced by local offices. The following policy items shall apply to these SSI households.

- (A) Date of Application The date of application shall be the date an identifiable application is received by the appropriate local office.

If the application is filed at the SSA office, then the date of application shall be the date an identifiable food stamp application is received by the SSA office.

- (B) Interviewing Households At initial certification an interview will be conducted only if the information provided by the applicant is incomplete or questionable in accordance with 106 CMR 361.620.
- (C) Alien Status SSI recipients who are not U.S. citizens shall be regarded as eligible aliens for food stamp purposes.
- (D) Certification Periods At initial certification, unemployable SSI households with stable income will be assigned certification periods of not less than six months nor more than 12 months.
- (E) Verification at Initial Certification If the application is filed at the SSA office, SSA will indicate on a form attached to the application what required verifications are on file at the SSA office. Unless the application is incomplete, SDX data will be used to verify the identity, residency, social security number(s), RSDI and SSI income of the SSI recipient. Additional verification of these eligibility factors will be required only if this information contradicts information supplied by the SSI recipient.

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366.920: SSI Demonstration Unit

SSI recipients who meet certain select criteria as determined by the Department shall, as long as they continue to meet these criteria, be part of a federally approved demonstration project. This project shall commence 10/1/81 and end 9/30/82.

The following revised policy, in effect from 10/1/81 to 9/30/82, applies to SSI households serviced by the SSI Demonstration Unit.

(A) Date of Application. The date of application shall be the date an identifiable application is received by the Central SSI Demonstration Unit unless the application is received prior to 10/1/81. Applications received prior to that date shall be considered to have been received on 10/1/81.

(B) Filing an Application. Applications/recertifications may not be filed in person at the SSI Demonstration Unit. Assistance in completing applications will be available at local CSAO/WSO's.

(C) Interviewing Households. Interviews at the time of application/recertification will only be conducted if the information provided by the applicant/recipient is incomplete or questionable. Interviews will be by phone or mail and will, in most instances, address only the questionable information.

(D) Verification at Initial Certification

(1) SDX data will be used to verify the income, resources, identity, residency, Social Security number(s), and alien status of the SSI recipient. Additional verification of these eligibility factors will be required only if the information supplied by the SSI recipient contradicts SDX data.

(2) Deductible expenses claimed by the applicant shall be verified only if the amount claimed is questionable and the deduction affects the household's eligibility or benefit level.

(E) Anticipating Income. At certification/recertification income listed on the SDX file shall be regarded as the income anticipated to be received during the certification period.

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(F) Certification Periods. At initial certification, eligible households will be randomly assigned certification periods of varying lengths in order to stagger recertifications. In no case shall the certification period be less than six months or more than twelve months.

(G) Resource Eligibility - Initial Certification. SSI recipients shall be regarded as resource eligible at initial certification.

(H) Documentary Evidence. SDX files shall serve as documentary evidence of the items listed in (D) (1) above.

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367.025: Introduction

The Department shall provide a fair hearing to any household that is dissatisfied with any Department action or inaction that affects participation in the Food Stamp Program.

367.050: Notification of Right to Request Hearing

At the time of application, each household shall be informed in writing of its right to a hearing, of the method by which a hearing may be requested, and that its case may be presented by a household member or an authorized representative, such as a legal counsel, a relative, a friend or other spokesperson, and that the household may bring an interpreter. Each household shall also be informed that in cases in which the head of the household is not fluent in English, the Department will provide an interpreter if the household requests one at least one week before the hearing and that the hearing may be postponed for this purpose. In addition, at any time the household expresses to the Department that it disagrees with the Department action, it shall be reminded of the right to request a fair hearing. If there is an individual or organization available that provides free legal representation, the household shall also be informed of the availability of that service. A copy of the hearing procedures shall be made available to any interested party upon request.

367.075: Consolidated Hearings

The Department may respond to a series of individual requests for hearings by conducting a single group hearing. The Department may consolidate only cases where the sole issue is one of state and/or federal law, regulations or policy and individual issues of fact are not disputed. In all group hearings, the regulations governing individual hearings must be followed. Each individual household shall be permitted to present its own case or have the case presented by a representative.

367.100: Time Period for Requesting Hearing

A household shall be allowed to request a hearing on any action by the Department, or on loss of benefits which occurred in the prior 90 days. Action by the Department includes a denial of a request for restoration of any benefits lost more than 90 days but less than one year prior to the request. In addition, at any time within a certification period a household may request a fair hearing to dispute its current level of benefits.

367.125: Request for Hearing

A request for a hearing is defined as a clear expression, oral or written, by the household or its representative to the effect that it wishes to appeal a decision or that an opportunity to present its case to a higher authority is desired. If it is unclear from the household request what action it wishes to appeal, the Department may request the household to clarify its grievance. The freedom to make a request for a hearing shall not be limited or interfered with in any way.

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367.150: Assistance from the Department

In response to a recipient, the Department shall:

- (A) Assist the household in filing an appeal. If a household makes an oral request for a hearing, an eligibility worker will provide the household with an appeal form and assistance in completing the form if such help is requested;
- (B) Advise the household of any available legal services which can provide representation at the hearing;
- (C) Upon request, make available without charge a copy of materials necessary for a household or its representative to determine whether to file an appeal or to prepare for the hearing (in accordance with 106 CMR 360.400 confidential information shall not be released to the household for review);
- (D) Provide an interpreter to explain the hearing procedures, including the right to an interpreter at the hearing and the procedures for requesting an interpreter, if the party requesting a hearing is not fluent in English and resides in an area where the Department is required to provide bilingual staff or interpreters in accordance with FNS regulations;
- (E) Provide an interpreter to interpret at the hearing for an appellant who is not fluent in English if the appellant requests an interpreter at least one week before the hearing is scheduled or rescheduled; and
- (F) Provide any interested party with a copy of the rules of procedures governing Fair Hearings.

367.175: Denial or Dismissal of Request for Hearing

The Division of Hearings shall deny or dismiss a request for a hearing when:

- (A) The request is not received within the time specified in 106 CMR 367.100;
- (B) The request is withdrawn in writing by the household or its representative; or
- (C) The household or its representative fails, without good cause, to appear at a scheduled hearing.

367.200: Household Request for Postponement

The household may request and is entitled to receive postponement of the scheduled hearing. The postponement shall not exceed 30 days and the time limit for action on the decision, as specified in 106 CMR 367.450, may be extended for as many days as the hearing is postponed. For example, if a hearing is postponed by the household for 10 days, notification of the hearing decision will be required within 70 days from the date of the request for a hearing.

367.225: Agency Conferences

- (A) The Department shall offer agency conferences to households who wish to contest a denial of expedited service. The Department shall advise households that use of an agency conference is optional and that it shall in no way delay or replace the fair hearing process. The agency conference may be attended by the eligibility worker responsible for the Department action and shall be attended by an eligibility supervisor and/or the local office director or designee, and by the household and/or its representative. Failure of the household to attend the agency conference shall not be cause to reduce or terminate benefits. An agency conference may lead to an informal resolution of the dispute. However, a fair hearing must be held unless the household makes a written withdrawal of its request for a hearing.
- (B) An agency conference for households contesting a denial of expedited service shall be scheduled within two working days, unless the household requests that it be scheduled later.

367.250: Expedited Hearings

The Department shall expedite hearing requests from households such as migrant farmworkers who plan to move from the jurisdiction of the hearing official before the hearing decision would normally be reached. Hearing requests from these households shall be processed faster than others if necessary to enable them to receive a decision and a restoration of benefits, if the decision so indicates, before they leave the area.

367.275: Continuation of Benefits

If a household requests a fair hearing within the period provided by 106 CMR 343.250, and its certification period has not expired, the household's participation in the Program shall continue on the basis authorized immediately prior to the Notice of Adverse Action unless the household specifically waives continuation of benefits. The form for requesting a fair hearing shall contain space for the household to indicate whether or not continued benefits are requested. If the form does not positively indicate that the household has waived continuation of benefits, the Department shall assume that continuation of benefits is desired and the benefits shall be issued accordingly. If the Department action is upheld by the hearing decision, a claim against the household shall be established for all overissuances. If a hearing request is not made within the period provided by 106 CMR 343.250, benefits shall be reduced or terminated as provided in the notice. However, if the household establishes that its failure to make the request within the time specified in 106 CMR 343.250 was for good cause, as determined by 106 CMR 343.320(D)(1) and (2), the eligibility worker shall reinstate the benefits to the prior level.

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When benefits are reduced or terminated due to a mass change, participation at the prior level shall be reinstated only if the issue being contested is that food stamp eligibility or benefits were improperly computed or that federal law or regulations are being misapplied or misinterpreted by the Department.

367.300: Reduction or Termination of Benefits

Once continued or reinstated, benefits shall not be reduced or terminated prior to receipt of the official hearing decision unless one of the following occurs:

(A) Issue of Federal Law or Regulation

The hearing official makes a preliminary determination, in writing at the hearing, that the sole issue is one of federal law or regulation and that the household claim that the Department improperly computed the benefits or misinterpreted or misapplied such law or regulation is invalid;

(B) Change in Household Eligibility or Benefit Level

A change affecting the household's eligibility or basis of issuance occurs while the hearing decision is pending and the household fails to request a hearing after the subsequent Notice of Adverse Action;

(C) Mass Change

A mass change affecting the household's eligibility or basis of issuance occurs while the hearing decision is pending; or

(D) Certification Period Expires

The household's certification period expires.

367.325: Notification of Hearing

The time, date, and place of the hearing shall be arranged so that the hearing is accessible to the household. In order to permit adequate preparation of the case, advance written notice of the hearing shall be provided to all parties involved at least one week prior to the hearing. However, the household or its representative may request less advance notice to expedite the scheduling of the hearing. The notice shall include the following:

(A) Contact Person in the Division of Hearings

The name, address, and phone number of the person to notify in the event it is not possible for the household to attend the scheduled hearing;

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(B) Dismissal of Appeal for Failure to Appear

A statement to the household indicating that the Department will dismiss the hearing request if the household or its representative fails to appear for the hearing without good cause;

(C) Fair Hearing Procedures

An explanation of the Department hearing procedures and any other information which will provide the household with an understanding of the proceedings and contribute to the effective presentation of the household case;

(D) The Right to Examine the Case File

A statement that the household or representative may examine the case file prior to the hearing;

(E) The Right to Request an Interpreter

A statement, in English, Spanish, and other languages spoken by a significant minority population, emphasizing the importance of understanding what is said at the hearing and of being able to communicate at the hearing, and encouraging the appellant to bring an interpreter to the hearing or to request a Department-provided interpreter if he or she is not fluent in English; and

(F) Procedure and Time Limit for Requesting an Interpreter

An explanation of the procedure and time limit for requesting a Department-provided interpreter and of the right to at least one postponement in order to request or bring an interpreter.

367.350: Attendance at Hearing

The hearing shall be attended by a representative of the Department and by the household and/or its representative. The hearing may also be attended by friends or relatives of the household if the household so chooses. The hearing official shall have the authority to limit the number of persons in attendance at the hearing if space is limited.

367.375: Hearing Official

(A) The person designated by the Department to preside over the hearing shall be the hearing official. The hearing official shall be an impartial party who does not have any personal stake or involvement in the case and who was not directly involved in the initial determination of the action which is being contested.

(B) The hearing official shall have the following powers and duties:

(1) Administer Oath

The hearing official shall administer oaths;

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The hearing official shall ensure that all relevant issues are considered;

(3) Record Evidence

The hearing official shall request, receive and make part of the record all evidence determined necessary to decide the issues being raised;

(4) Regulate the Conduct of the Hearing

The hearing official shall regulate the conduct and course of the hearing consistent with due process to ensure an orderly hearing;

(5) Inform Appellants of Right to Interpreter

The hearing official shall inform appellants who are not fluent in English of the right to a full and accurate interpretation by their own interpreter, or by a Department-provided interpreter. The hearing official shall conduct the bilingual hearing in accordance with the guidelines for conducting hearings through interpretation in the Manual for Welfare Referees. The purpose of the guidelines is to enable non-English speaking appellants to understand and to participate in the entire hearing as fully as if the appellant were fluent in English. To achieve this end, all statements, including questions, answers, and comments, of the appellant, hearing official, witnesses, and any other persons participating in the hearing, shall be fully translated into both languages without alteration of such statements, such as by changing from the first person to the third person;

(6) Order Medical or Professional Evaluations

The hearing official shall order, where relevant and useful, an independent medical assessment or professional evaluation from a source mutually satisfactory to the household and the Department. The medical evaluation will be at the expense of the Department. In any case in which the appellant hires a signature expert and is liable for a fee, the Department will pay a reasonable fee if the appellant prevails either at the administrative hearing or in a court appeal from the administrative hearing; and

(7) Render a Hearing Decision

The hearing official shall provide a record and render a hearing decision in the name of the Department.

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367.400: Household Rights During Hearing

The household may not be familiar with the rules of order and it may be necessary to make particular efforts to arrive at the facts of the case in a way that makes the household feel most at ease. The household or its representative must be given adequate opportunity to:

- (A) Examine all documents and records to be used at the hearing at a reasonable time before the date of the hearing as well as during the hearing. The contents of the case file including the application form and documents of verification used by the Department to establish the household's ineligibility or eligibility and allotment shall be made available, provided that confidential information, such as the names of individuals who have disclosed information about the household without its knowledge or the nature or status of pending criminal prosecutions, is protected from release. If requested by the household or its representative, the Department shall provide a free copy of portions of the case file that are relevant to the hearing. Confidential information protected from release and other documents or records which the household will not otherwise have an opportunity to contest or challenge shall not be introduced at the hearing or affect the hearing official's decision;

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- (B) Present the case or have it presented by a legal counsel or other person;
- (C) Bring witnesses;
- (D) Advance arguments without undue interference;
- (E) Question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses;
- (F) Submit evidence to establish all pertinent facts and circumstances in the case; and
- (G) Have the hearing conducted through an interpreter in accordance with 106 CMR 367.375.

367.425: The Appeal Decision

- (A) Decisions of the hearing official shall comply with Department policy and shall be based on the hearing record. The verbatim transcript or recording of testimony and exhibits, or an official report containing the substance of what transpired at the hearing, together with all papers and requests filed in the proceeding, shall be retained in accordance with Department policy and shall constitute the exclusive record for the final decision of the hearing official. The record will be available for copying and inspection by the household or its representative during normal office hours.
- (B) A decision by the hearing official shall be binding on the Department and shall summarize the facts of the case, specify the reasons for the decision, and identify the supporting evidence and the pertinent Department policy. The decision shall become a part of the hearing record.
- (C) The household (and the local office) shall be sent a copy of the decision, be advised of the right to judicial review where the Department action is upheld, and be advised that the household's benefits will be issued or terminated as decided by the hearing official.

367.450: Time Period for Rendering and Implementing Decision

Within 60 days of receipt of a request for a fair hearing, the Department shall conduct the hearing, arrive at a decision, and notify the household and the local office of the decision.

(A) Decision in Favor of the Household

When the hearing official determines that a household has been improperly denied Program benefits or has been issued a lesser allotment than was due, lost benefits shall be provided in accordance with Section 366.500. Decisions which result in an increase in household benefits shall be reflected in the monthly allotment within ten (10) days of the receipt of the decision. The Department may take longer than the ten (10) days if it elects to make the decision effective in the normal issuance cycle, provided that the issuance will occur within sixty (60) days from the household request for the hearing. The Department shall restore benefits to households who are leaving the State before the departure if possible. If benefits are not restored before departure the office from which the household has moved shall prepare an authorization for the benefits and forward this with a copy of the hearing decision to the new office or to the household.

(B) Decision Against the Household

Decisions which result in a decrease in the household benefits shall be reflected in the next scheduled issuance following receipt of the fair hearing decision. When the hearing official upholds the Department action, a claim against the household for any overissuance shall be prepared in accordance with Department policy.

367.475: Judicial Review

When the hearing official upholds the Department action, the household shall be notified of the right to pursue judicial review of the decision.

367.485: Compilation of Fair Hearing Decisions

All Department hearing records and decisions shall be available for public inspection and copying, subject to disclosure safeguards provided in Section 360.400 and provided identifying names and addresses of household members and other members of the public are kept confidential.

367.490: Claim Determinations

The Department shall establish a claim for overissuance against any household that has received more food stamp benefits than it was entitled to receive or any household that contains an adult member who was an adult member of another household that received more food stamp benefits than it was entitled to receive. All adult household members shall be jointly and severally liable for the value of any overissuance of benefits to the household.

A claim may be established for an unintentional program violation, in accordance with Section 367.495, or for an intentional program violation, in accordance with Section 367.500.

367.495: Unintentional Program Violations

A claim for overissuance is an unintentional program violation claim if the amount of the overissuance or combined overissuances exceeds \$35 and was not caused intentionally, as defined at Section 367.525. All claims established under the 1977 Food Stamp Act and future claims shall be collected in accordance with this Section.

A claim of an unintentional program violation may be established due to either an inadvertent household error, as in (A), below, or due to an agency error as in (B), below, that occurred no more than six years prior to the month in which the overissuance was discovered.

(A) Inadvertent Household Error

A claim shall be considered to be an inadvertent household error claim if the overissuance was caused by a misunderstanding or unintended error on the part of the household. Inadvertent household error includes, but is not limited to, instances in which the household:

- (1) Unintentionally failed to provide correct or complete information;
- (2) Unintentionally failed to report a change in circumstances;
- (3) Received benefits to which it was not entitled; or
- (4) Received more benefits than it was entitled to receive, pending a Fair Hearing decision.

(B) Agency Error

A claim shall be considered to be an agency error claim if the overissuance was caused by a Department action or failure to act. Department error which shall result in a claim includes, but is not limited to, instances where the Department:

- (1) Failed to take prompt action on a reported change;
- (2) Incorrectly computed the benefit level;

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- (4) Continued to provide benefits after the household's certification period had expired without redetermining eligibility or benefit level; or
- (5) Failed to reduce the benefit level when the public assistance grant changed.

(C) Non-Claim Situations

A claim for overissuance shall not be established when an overissuance has occurred as a result of:

- (1) The Department's failure to ensure that the household signed the application form or completed a work registration form; or
- (2) The household transacting an unaltered, expired ATP.

(D) Calculating the Amount of an Unintentional Program Violation Claim

The amount of an overissuance claim due to an unintentional program violation is determined by calculating the difference between the amount of benefits actually received and the amount the household was entitled to receive during the time period at issue.

If the household received excess benefits because it unintentionally failed to report a change in circumstances, the first month of overissuance shall be the month the change would have been effective had it been reported on time.

If the Department did not act timely on a reported change, the first month of overissuance shall be the first month the change would have been effected if it were reported on time. In no event shall the Department determine the month the change would have been made effective to be more than two (2) months from the month in which the change occurred. If a notice of adverse action was required, but not provided, for the purpose of calculating the claim, the Department shall assume the maximum advance notice period would have expired without the household requesting a Fair Hearing.

(E) Collecting Claims for Unintentional Program Violation

(1) Inadvertent Household Error

The Department shall initiate the collection of a claim due to an inadvertent household error by sending the household a claim demand letter and a repayment agreement, unless the household has repaid the claim or the Department has documentation which shows that no member of the household can be located.

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The claim demand letter (request for repayment) shall contain the information at Section 364.870(A) through (E).

The repayment agreement shall contain the information at Section 367.825(C)(1), (2), (3), (4), (6), (7) and (9). The agreement shall also state that failure to return a completed and signed copy of the agreement within thirty (30) days shall result in automatic benefit reduction. Automatic benefit reduction shall, for a UPV, always be at a rate equal to the greater of ten percent (10%) of the household's monthly allotment or ten dollars (\$10) per month, if the household is still participating. The options for repayment of a claim shall be those at Section 367.510(A), (B) or (C). Renegotiation of the repayment agreement may be requested by the household member or the Department whenever there is a substantial change in circumstances. At no time shall an agreement be made which would recover less per month than could be collected through automatic benefit reduction.

Lost benefits shall be offset against a claim for overissuance.

(2) Agency Error

The Department shall initiate the collection of a claim due to Agency error by sending a claim demand letter (request for repayment) and a repayment agreement, unless the household has repaid the claim or the Department has documentation which shows that no member of the household can be located.

The claim demand letter shall contain the information at Section 364.870(A) through (E).

The repayment agreement shall contain the information at Section 367.825(C)(1),(2),(4),(6) and (7). The repayment options shall be those at Section 367.510.

If the household fails to respond to the demand letter, additional demand letters may be sent. The Department may also pursue other collection actions against a household that fails to respond to a demand letter.

(F) Compromising Claims

If the full amount of the claim cannot be liquidated in 3 years without creating a financial hardship for the household, the Department may compromise the claim by reducing it to an amount that will allow the household to pay the claim within 3 years. The Department shall not compromise below the amount which could be collected through automatic benefit reduction (ten (\$10) dollars or ten (10%) percent whichever is greater).

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(G) Failure to Make Payments

If a household has signed a repayment agreement, agreeing to repay an overissuance due to inadvertent household error, and then fails to meet the payment schedule, the Department shall notify the household that unless payment is made or the agreement is renegotiated due to a change in circumstances, the next scheduled allotment shall be reduced by the greater of ten percent (10%) of the allotment or ten dollars (\$10).

If a household requests renegotiation of its repayment agreement but the Department does not find that the household's circumstances have changed enough to warrant renegotiation, allotment reduction shall be initiated or continued, without further notice unless payment is made.

(H) Suspending Collection

An unintentional program violation claim may be suspended if no collection action has been taken because the claim is collected through offset, or the claim does not exceed \$35. If the claim is for an inadvertent household error, the household is no longer participating and at least one claim demand letter has been sent, further collection may be suspended, at the Department's discretion, when:

- (1) The household cannot now be located; or
- (2) The cost of further collection action is likely to exceed the amount that can be recovered.

(I) Terminating Collection

A claim shall be determined uncollectible after three years in a suspended status.

(J) Postponing Collection

Collection shall be postponed when the household is being referred for possible prosecution at an Administrative Disqualification Hearing, or a court of appropriate jurisdiction, on the same or related issues(s). Postponement shall also occur if a legal representative prosecuting the household advises in writing that collection action will prejudice the case.

(K) Changes in Household Composition

If the household composition has changed since the overissuance occurred, collection action shall be initiated against any or all of the adult members of a household at the time an overissuance occurred. Therefore, if a change in household composition occurs, the Department may pursue collection action against any household that has a member who was an adult member of the household that received the overissuance. The Department may also offset the amount of the claim against restored benefits owed to any household that contains a member who was an adult member of the original household at the time the overissuance occurred. The Department may not, under any circumstances, collect more than the amount of the claim. In pursuing claims, the Department may use any of the appropriate methods of collecting payments.

367.500: Intentional Program Violation Claim

A claim for overissuance shall be pursued as an intentional program violation claim only if the amount of the claim or combined claims exceeds \$35 and an Administrative Disqualification Hearing, or a court of appropriate jurisdiction, has found that a household member committed an intentional program violation, or if the individual has filed a signed waiver of his or her right to an Administrative Disqualification Hearing or entered into a consent agreement with the court. All claims established under the 1977 Food Stamp Act and future claims shall be collected in accordance with this section.

(A) Calculating the Amount of an Intentional Program Violation Claim

The amount of an overissuance claim due to an intentional program violation is determined by calculating the difference between the amount actually received and the amount the household should have received during the time period at issue. When determining the amount of benefits the household should have received, the Department shall not apply the 20 percent earned income deduction to that portion of earned income which the household intentionally failed to report. The Department shall not include any amount of an overissuance that occurred in a month more than six years from the date the overissuance was discovered.

If the household member is determined to have committed an intentional program violation by knowingly, willfully, and with deceitful intent failing to report a change in its household circumstances, the first month benefits were overissued shall be the first month the change would have been made effective had it been reported on time.

(B) Collection of Intentional Program Violation Claim

(1) If the household member is found to have committed an intentional program violation at either an Administrative Disqualification Hearing or by a court of appropriate jurisdiction, or if the individual has entered into a consent agreement with the court or filed a signed waiver in accordance with Section 367.660, the Department shall send an IPV claim demand letter (Request for Repayment) and a repayment agreement letter (in accordance with Section 367.825) unless:

- a. The household has repaid the claim;
- b. The Department has documentation which shows that no member of the household can be located; or
- c. The legal representative prosecuting a member of the household for intentional program violation advises in writing that collection action will prejudice the case.

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- (2) If the intentional program violation claim has not been repaid and a completed and acceptable signed repayment agreement letter has not been received by the Department within 30 days of the date it was mailed, collection action shall be initiated by automatically reducing the household's allotment each month. Any time benefits are automatically reduced due to an IPV, the allotment shall be reduced by the greater of 20% of the household's entitlement before sanctions or \$10. Automatic benefit reduction shall continue until such time as the claim is repaid. The acceptance of a completed and signed repayment agreement or renegotiation in accordance with Subsection 367.500(B)(6), below, may change the method of repayment. The repayment agreement shall also state that failure at any time to honor the terms of a returned agreement shall result in benefit reduction to last until the terms are honored or the claim is repaid. In addition to the demand letter, personal contact shall be made when appropriate.
- (3) If the household agrees to pay the claim, collection shall be in accordance with this Chapter.
- (4) The Department may lower a household's allotment below the minimum level in order to collect an intentional program violation claim.
- (5) If the household can be located but is not participating, the Department shall attempt to collect the claim, and shall defer benefit reduction until the household resumes participation in the Program.
- (6) Renegotiation of the repayment agreement may be requested by the household or the Department any time there is a substantial change in circumstances. At no time shall an agreement be made to collect less per month than could be collected through automatic benefit reduction.

(C) Suspending Collection of a Claim Due to an Intentional Program Violation

Collection action shall be suspended at any time the household is no longer participating and there is documentation that:

- (1) The cost of further collection action is likely to exceed the amount that can be recovered and the Department has sent at least one demand letter for claims under \$100, at least two demand letters for claims between \$100 and \$400 and at least three demand letters for claims of more than \$400; or

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- (2) Neither the household which contains the individual who committed the IPV, nor the household nor any individual responsible for the overissuance can be located.

(D) Terminating Collections

A claim shall be determined uncollectible after three years in a suspended status.

(E) Changes in Household Composition

If the household composition has changed since the overissuance occurred, collection action shall be initiated against any or all of the adult members of a household at the time an overissuance occurred. Therefore, if a change in household composition occurs, the Department may pursue collection action against any household that has a member who was an adult member of the household that received the overissuance. The Department may also offset the amount of the claim against restored benefits owed to any household that contains a member who was an adult member of the original household at the time the overissuance occurred. The Department may not, under any circumstances, collect more than the amount of the claim. In pursuing claims, the Department may use any of the appropriate methods of collecting payments.

367.510: Method of Collecting Intentional Program Violation Claims

Payments on intentional program violation claims shall be collected in one (1) of the following ways:

- (A) In one (1) lump sum payment of either cash or food stamp coupons;
- (B) In regular installments of either cash or coupons; or
- (C) By benefit reduction.

In no instance shall the amount of (B), above, be less than the amount that could be collected by automatic benefit reduction in accordance with Section 367.500(B)(2).

The amount of the claim shall be offset by any lost benefits which are owed to a household until the time the claim is terminated. Civil court action may be initiated to obtain payment of the claim.

If the full amount of the claim cannot be liquidated in 3 years without creating a financial hardship for the household, the Department may compromise the claim by reducing it to an amount that will allow the household to pay the claim within 3 years. The Department shall not compromise below the amount which could be collected by automatic benefit reduction (twenty (20%) percent or ten (\$10) dollars whichever is greater).

Benefit reduction, in accordance with Section 367.500(B)(2), shall be instituted if repayment terms are not agreed upon. Repayment shall be initiated no later than thirty (30) days from the date the repayment agreement is mailed.

367.515: Claims Discharged Through Bankruptcy

The Department shall act on behalf of and as FNS in any bankruptcy proceedings against bankrupt households owing food stamp claims. The Department shall possess any rights, priorities, interests, liens or privileges, and shall participate in any distributions of assets, to the same extent as FNS. Acting as FNS, the Department shall have the power and authority to file objections to discharge, proofs of claims, exceptions to discharge petitions for revocation of discharge, and any other documents, motions or objections which FNS might have filed.

367.520: Introduction to Administrative Disqualification Hearings (ADH)

An ADH shall be conducted in order to determine if an intentional program violation has been committed. An ADH shall be initiated by the Department if substantial evidence exists to believe an IPV was committed. The Department shall prosecute a case of suspected intentional program violation if more than thirty-five dollars (\$35) is at question.

367.525: Definition of an Intentional Program Violation (IPV)

For purposes of determining at an ADH whether or not an IPV was committed, an IPV includes any action by an individual which results in the receipt of benefits over \$35, to which he or she was not entitled, by knowingly, willfully, and with deceitful intent:

- (A) Making a false statement(s) to the Department, either orally or in writing, to obtain benefits to which the household is not entitled;
- (B) Concealing information to obtain benefits to which the household is not entitled;
- (C) Making a false or misleading statement(s) or misrepresentation(s) in order to conceal or withhold facts in order to obtain benefits to which the household is not entitled;
- (D) Altering or transacting ATPs in order to obtain benefits to which the household is not entitled;
- (E) Using coupons to buy non-food items such as alcohol or tobacco;
- (F) Using or possessing improperly obtained coupons or ATPs;
- (G) Trading or selling coupons or ATPs; or
- (H) Intentionally committing any act(s) which violates the state food stamp regulations.

367.550: Warning to Applicants

The Department shall inform the household in writing of the disqualification penalties for committing an IPV each time it applies for Program benefits. The penalties shall be written in clear, prominent and boldface lettering on the application form or as a separate notification. The Department shall provide the written penalty warning in English, Spanish, and other languages spoken by a significant minority population.

367.600: Administrative Disqualification Hearing Provisions

The provisions of 106 CMR 367.350, 367.375, 367.400, 367.425(A) and 367.520 through and including 367.825 are applicable to ADHs. The hearing official shall advise the household member or his or her representative that he or she may refuse to answer questions during the ADH.

367.625: Timeliness Standards

The Department shall provide written notice to the household member suspected of an IPV at least 30 days in advance of the hearing. Within 90 days of the date the household member is notified in writing that an ADH initiated by the Department has been scheduled, the Division of Hearings shall conduct the hearing and the hearing official must render a written decision. The Department must initiate administrative action which will make the decision effective beginning the first possible month following the date the household receives written notification of the hearing decision. The household member or representative is entitled to one postponement of up to 30 days provided the request for postponement is made at least 10 days in advance of the hearing. If the hearing is postponed, the 90-day time limit shall be extended for as many days as the hearing is postponed.

367.650: Consolidation of ADH with Fair Hearing

In order to determine the amount of the claim, the Department may combine a fair hearing and an ADH if the factual issues arise out of the same or related circumstances. The household member shall receive prior notice that the hearings will be consolidated and that the claim amount shall be determined as a result. The member shall also be informed that due to the consolidation, he or she shall not have the right to a subsequent fair hearing to dispute the claim amount. The timeliness standards of 106 CMR 367.625 shall be in effect.

367.660: Waiver of an ADH

A waiver form allowing the individual to forego the ADH shall be issued prior to the advance notice of an ADH (see below). However, no waiver form shall be issued or acted upon until it has been determined that the individual received the warning described in 106 CMR 367.550 in the appropriate language prior to the date of the suspected IPV. An individual suspected of an IPV, and the household of which he or she is a member, may complete, sign and return the waiver form to the Department. By completing, signing and returning the waiver form, the individual and the household agree to all penalties and requirements, including repayment, incumbent upon a household containing a member who is found guilty of an IPV at an ADH.

The waiver form shall include:

- (A) A statement that signing the form will result in automatic disqualification and recoupment;
- (B) The opportunity for the individual accused of an IPV to admit or not to admit the charges cited in the ADH advance notice;
- (C) A statement that neither the household nor the individual has the right to a subsequent fair hearing on the same issue(s), nor on the amount of the claim;

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- (D) A statement that the remaining household members will be held responsible for the claim even if the household composition changes or the household stops participating in the Program;
- (E) The name and telephone number of someone who can be of assistance if the accused should wish to discuss the charges, or the implications of the waiver;
- (F) A place for the individual and the head of the household or authorized representative if different, to sign the form;
- (G) A statement that failure to sign and return this form within the time period specified by the Department will result in the scheduling of an ADH;
- (H) The charge(s) against the household member;
- (I) A summary of evidence and how and where it can be examined;
- (J) A listing of the household member's rights as contained in 106 CMR 367.400;
- (K) A copy of the Department's ADH hearing procedures; and
- (L) A statement that failure to return this waiver shall in no way have a negative impact on the result of the ADH.

367.675: Advance Notice of an ADH

The Department shall provide advance notice of an ADH in accordance with 106 CMR 367.625. However, no notice shall be sent and no ADH shall be held unless it is determined that the applicant or recipient received the penalty warning described in 106 CMR 367.550 in the appropriate language prior to the date of the suspected IPV. This notice shall be mailed Certified Mail - Return Receipt Requested, and shall contain:

- (A) The date, time, and place of the hearing;
- (B) The charge(s) against the household member;
- (C) A summary of the evidence, and how and where it can be examined;
- (D) A warning that the decision will be based solely on information provided by the Department if the household member fails to appear at the hearing;
- (E) A warning that a finding that an IPV was committed will result in a six-month period of disqualification for the first finding; a 12-month period of disqualification for the second finding; and permanent disqualification for the third finding. This warning shall inform the individual of the period of disqualification he or she may be subject to if found guilty at the ADH;

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- (F) A listing of the household member's rights as contained in 106 CMR 367.400;
- (G) A copy of the Department's hearing procedures;
- (H) A statement that the household member may call the local office to obtain the name and telephone number of someone who can provide free legal advice; and
- (I) A statement that the household member or authorized representative has 10 days from the date of the scheduled hearing to present good cause for failure to appear, in order to receive a new hearing.

367.700: Scheduling of the Hearing

The time and place of the ADH shall be accessible to the member(s) suspected of an IPV. If the household member(s) or his or her representative fails to appear at the hearing without good cause, the hearing shall be conducted. Even though the household member(s) or authorized representative is not present, the hearing official is required to carefully consider the evidence and determine if an IPV was committed based on clear and convincing evidence. If the household member(s) is found to have committed an IPV but the Director of the Division of Hearings for the Department later determines that the household member(s) or representative failed to appear, with good cause (in accordance with 106 CMR 343.320(D)), the previous decision shall no longer remain valid and the Department shall conduct a new hearing. The household member(s) has 10 days from the date of the scheduled hearing to present reasons indicating good cause for failure to appear.

367.725: Participation While Awaiting an ADH

The Department shall determine eligibility and benefit level for a household awaiting an ADH decision by considering all factors except those concerning the IPV or related recoupment. Changed circumstances, the expiration of the certification period, and all other Program rules shall be treated in the usual manner.

367.750: Standard of Proof for Determining an IPV

The hearing official shall base the determination of an IPV on clear and convincing evidence which demonstrates that the household member willfully, knowingly, and with deceitful intent committed an IPV.

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367.800: IPV Disqualification Penalties

Individuals found to have committed an IPV at an ADH shall be ineligible to participate in the Food Stamp Program for a period of six months for the first finding, 12 months for the second finding and permanently for the third finding. Any disqualification(s) resulting from an ADH held prior to the effective date of these regulations shall be counted as one finding.

The Department shall disqualify the individual only, not the entire household. The period of disqualification shall begin with the first possible month following the date written notification of the decision is received by the household. If the individual is no longer participating in the Program, the disqualification shall be deferred until such time as he or she applies and is determined eligible.

Households cannot be considered categorically eligible if they contain one or more members disqualified for an intentional program violation (IPV). See Section 365.180 for additional information.

If the individual waives his or her rights to an ADH in accordance with Section 367.660 or signs a consent agreement with the court, the length of the disqualification period shall be determined by regarding each waiver or agreement as one finding that an IPV was committed.

A household's benefit level shall not be increased as a result of an IPV disqualification.

Once disqualification commences it shall continue uninterrupted, regardless of current eligibility. Repayment shall also continue regardless of eligibility.

The length of the disqualification for an IPV claim established prior to the effective date of these regulations shall be treated in accordance with the standards in effect at the time the IPV claim was established.

367.825: Results of an ADH - Notification

- (A) If the hearing official determines the household member(s) did not commit an IPV, the Department shall inform that member(s) in writing of such finding. The notice shall contain the date the ADH was held, the case number and the findings of the hearing official.
- (B) If the hearing official determines the household member(s) committed an IPV, the Department shall inform the member(s) in writing of such findings, and that he or she will be disqualified from the Program for the appropriate time period (Section 367.800), regardless of the dollar amount of the IPV. The notification shall contain the following information:
 - (1) The case name and number, the amount of the claim, date of decision, the number of months of disqualification, and notification that if the member is no longer participating the disqualification will be deferred until he or she reapplies

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- (2) A separate notice to the remaining household member(s), if any, of the adjusted allotment level or that the household must reapply because the certification period has expired and the household's right to a Fair Hearing regarding the new allotment level unless the hearing has already been consolidated with an ADH or a waiver or consent agreement has been filed.
- (C) A repayment agreement shall also be sent. This agreement shall contain:
 - (1) The amount owed the Department;
 - (2) The types and terms of each restitution option;
 - (3) The date repayment must commence;
 - (4) A statement that the Department or the household may request renegotiation of the repayment option any time there is a change in circumstances;
 - (5) A statement that the failure to return a completed and signed copy of an agreement acceptable to the Department within thirty (30) days shall result in automatic benefit reduction at a rate of the greater of twenty percent (20%) of the household's entitlement or ten dollars (\$10). The agreement shall also include a statement that benefit reduction shall last until the agreement is filed or the claim is repaid and that benefit reduction will be reimposed at any time if any terms of the agreement are not honored;
 - (6) An accounting of any amount offset;
 - (7) A statement that recoupment shall begin as soon as possible after the agreement is filed;
 - (8) The date the disqualification period will commence; and
 - (9) A statement that no agreement shall be made which will allow a smaller payment than could be collected through automatic benefit reduction.

367.850: Introduction to Civil and Criminal Prosecution

A case of an alleged intentional program violation(s) may be taken to a court of appropriate jurisdiction for civil or criminal prosecution. The case will be prosecuted with either the United States of America, the Commonwealth of Massachusetts or a political subdivision as prosecutor or plaintiff.

FOOD STAMP PROGRAM
ADDITIONAL CERTIFICATION FUNCTIONS366.900: SSI Cash-In

Since 10/1/81, Massachusetts is no longer designated as a cash-out state and, therefore, SSI recipients residing in Massachusetts are now classified as potentially eligible households and nonhousehold members for food stamp purposes. Households consisting only of SSI, AFDC, and/or EAEDC recipients are categorically eligible to receive food stamps. See 106 CMR 365.180 for additional information.

To facilitate the application process for SSI recipients, the United States Department of Agriculture granted waivers to certain standard policy items. The revised policy items, resulting from these waivers, apply only to food stamp households of SSI recipient(s) and differ depending on whether the household is handled by the SSI/Food Stamp Demonstration Unit or a local office. The waivers apply only to the policy items addressed in 106 CMR 366.910 and 366.920.

366.910: SSI Recipients Serviced by Local Offices

SSI recipients who do not meet the SSI/Food Stamp Demonstration Unit select criteria shall be serviced by local offices. The following policy items shall apply to these SSI households.

(A) Date of Application

If an application is filed at a local office, the date of application shall be the date the identifiable Food Stamp Program application, in accordance with 106 CMR 361.100, is received by the appropriate local office.

If the application is filed at an SSA office, then the date of application shall be the date the identifiable Food Stamp Program application is received by the SSA office.

(B) Interviewing Households

At initial certification and recertification, if the application is filed at a local office, the household shall have a face-to-face interview in the local office unless the office interview is waived, in accordance with 106 CMR 361.510.

At initial certification, if a pure SSI household (a household consisting of only SSI applicants or recipients) files an application at an SSA office that is then forwarded to the appropriate local office, the household shall not be required to see a local office representative or be subject to an additional interview, in accordance with 106 CMR 361.190.

(C) Alien Status

SSI recipients who are not U.S. citizens shall be regarded as eligible aliens for food stamp purposes.

FOOD STAMP PROGRAM
ADDITIONAL CERTIFICATION FUNCTIONS(D) Certification Periods

Unemployable SSI households with stable income will be assigned certification periods of not less than six months and not more than 12 months.

(E) Verification at Initial Certification

If the application is filed at an SSA office, SSA will indicate on a form attached to the application what required verifications are on file at the SSA office. Unless the application is incomplete, mandatory verification is missing, or certain information on the application is questionable, no other verification shall be requested.

If the application is filed at a local office, State Data Exchange (SDX) data will be used to verify the identity, residency, social security number(s), RSDI, and SSI income of the SSI recipient. Additional verification of these eligibility factors will be required only if this information contradicts information supplied by the SSI recipient.

(F) Migration out of Local Office to SSI/Food Stamp Demonstration Unit

Households meeting the SSI/Food Stamp Demonstration Unit select criteria are migrated or transferred to the SSI/Food Stamp Demonstration Unit in Boston. Local welfare offices are responsible for providing certain services for these cases. All recertifications and changes are handled by the SSI/Food Stamp Demonstration Unit.

366.920: SSI Recipients Serviced by the SSI/Food Stamp Demonstration Unit

SSI recipients who meet certain select criteria as determined by the Department shall be handled, as long as they continue to meet these criteria, by the SSI/Food Stamp Demonstration Unit.

The following policy items shall apply to SSI households serviced by the SSI/Food Stamp Demonstration Unit.

(A) Date of Application

The date of application shall be the date an identifiable Food Stamp Program application, in accordance with 106 CMR 361.100, is received by the SSI/Food Stamp Demonstration Unit.

(B) Filing an Application

Applications or recertifications may not be filed in person at the SSI/Food Stamp Demonstration Unit. Assistance in completing applications will be available at local offices.

FOOD STAMP PROGRAM
ADDITIONAL CERTIFICATION FUNCTIONS(C) Interviewing Households

Interviews at initial certification or recertification will be conducted in accordance with 106 CMR 366.910(B). When a household is certified for 24 months, in accordance with 106 CMR 366.920(F), a telephone interview will be conducted at the end of the 24-month certification period.

(D) Verification at Initial Certification

- (1) SDX data will be used to verify the income, assets, identity, residency, social security number(s), and alien status of the SSI recipient. Additional verification of these eligibility factors will be required only if the information supplied by the SSI recipient contradicts SDX data.
- (2) Deductible expenses claimed by the applicant shall be verified only if the amount claimed is questionable and the deduction affects the household's eligibility or benefit level.

(E) Anticipating Income

At application or recertification, income listed on the SDX file shall be regarded as the income anticipated to be received during the certification period.

(F) Certification Periods

A household receiving benefits of more than \$10 per month shall be assigned a certification period of 12 months. A household receiving benefits of \$10 per month shall be assigned a certification period of 24 months at recertification with a Change Report form sent to the household after the first 12 months.

Households certified for 24 months shall also be allowed to average their one-time medical expenses incurred in the first 12 months over the months remaining in that 12-month period. Medical expenses incurred in the second 12-month period shall be averaged over the months remaining in that period.

(G) Asset Eligibility - Initial Certification

SSI recipients shall be regarded as asset eligible at initial certification.

(H) Documentary Evidence

SDX files shall serve as documentary evidence of the items listed in 106 CMR 366.920(D)(1).

FOOD STAMP PROGRAM
ADDITIONAL CERTIFICATION FUNCTIONS(I) Quarterly Issuance for Households Who Receive Food Stamp Benefits of \$10 per Month

Households who receive food stamp benefits of \$10 per month shall be placed on a quarterly issuance system. This means a household that receives benefits of \$10 per month shall receive benefits of \$30 four times per year--in January, April, July, and October. Each of these four months is a "quarterly issuance month." All food stamp regulations based upon or applicable to a monthly issuance system will be similarly applied to the quarterly issuance system.

If, during a quarterly issuance cycle, a household reports a change that entitles it to increased benefits, a supplementary ATP will be issued for each month that the increase in benefits is due. Cases, entitled to benefits of more than \$10 per month, will be removed from the quarterly issuance system and returned to the monthly issuance system at the next quarterly issuance month.

Food Stamp Procedural Memos



**Commonwealth of Massachusetts
Department of Public Welfare**

A

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SHelter/UTILITY ALLOWANCE DESK GUIDE

<p>Shelter Costs [364.400(E)]</p>	<p>Standard Utility Allowance [364.945]</p>	<p>Actual Expenses [364.400(F)(3) and 364.450(B)]</p>
<p>A shelter deduction is allowed for households whose total monthly shelter costs exceed 50% of the household's income after all other applicable deductions have been allowed.</p> <p>Exception: Households containing elderly, disabled, or veteran-related members are not subject to the "capped" shelter deduction.</p> <p>Shelter Costs Include:</p> <ul style="list-style-type: none"> Continuing shelter charges such as rent or mortgage Property taxes and insurance on the structure Utilities: charges for heating, cooling, cooking fuel, electricity, water and sewerage, garbage and trash collection fees, and telephone Expenses for some unoccupied homes Some expenses for repair of homes damaged by casualty or natural disaster <p>Section 8 & 707 Certificates [364.410(B)]</p> <p>The amount of the subsidy is to be deducted from the expense to determine the allowable expense for benefit calculation. (Gross expense minus subsidy equals allowable expense.)</p>	<ul style="list-style-type: none"> Heating SUA [364.400(F)(1)a.] Available for households that incur heating costs separate and apart from rent or mortgage and are billed for heat on a regular basis. LIHEAP [364.400(F)(1)a. and 364.410(B)] Recipients of LIHEAP payments are entitled to use the heating SUA since LIHEAP payments are specifically excluded. N.B. Households who receive energy assistance payments (other than LIHEAP) but continue to incur out-of-pocket heating expenses are still eligible to use the heating SUA. Nonheating SUA [364.400(F)(1) b.] Available for households that incur no heating costs but do incur at least one of the following costs separate and apart from rent or mortgage: cooking, electricity, water, sewerage, cooling, and garbage and trash collection. Telephone SUA [364.400(F)(1)c.] Available for households that incur a telephone cost but do not incur any other heating and/or utility costs. <p>Proration Of SUA [364.400(F)(2)]</p> <ul style="list-style-type: none"> Households that live together and share utility expenses shall have the appropriate SUA prorated among them regardless of whether each household is participating in the Food Stamp Program. Only one SUA at any one time shall apply to households residing together. 	<p>A household may choose to use actual utility expenses if:</p> <ul style="list-style-type: none"> Actual utility expenses exceed applicable SUA or shared actual expenses exceed appropriate prorated SUA amounts; Use of actual expenses would increase benefit level; and Actual utility expenses are verified. <p>N.B. Telephone allowance shall not exceed telephone SUA amount.</p> <p>Switching [361.610(C)]</p> <ul style="list-style-type: none"> Households may switch between use of actual utility expenses and SUA at: <ul style="list-style-type: none"> any recertification; and at one additional time during each 12-month period; and when the household moves.
<p>Verification</p> <p>Requirement And When Verified</p> <p>Shelter and utility costs (except actual utility expenses) may be verified at initial certification and recertification if questionable.</p>		<p>Verification</p> <p>Requirement and When Verified</p> <p>Actual utility expenses must be verified at initial certification and recertification when use of actual expenses would result in increased benefit level.</p>



CARELESSNESS CAUSES ERRORS!

Remember to:

- **USE** the heating SUA **ONLY** when the household is responsible for heating costs.
- **CHANGE** the shelter/utility expenses when the household **MOVES** (TD update required).
- **PRORATE** expenses in **SHARED** household situations.
- **ADJUST** food stamp benefits when reported changes **OCCUR**.
- Allow only actual **INCURRED** shelter/utility expenses (particularly in public or subsidized housing (Section 8 & 707 Certificates)). Remember to **DETERMINE** and **DEDUCT** any subsidized value. (Gross Expense minus subsidy equals allowable expense.)

Remember: Rent in public housing often includes heat and utilities.

UTILITY CODES - BLOCK 47 OF THE TURNAROUND DOCUMENT

Code	Code Description
0	No Shelter Costs, No Utility Costs - This code is used when the household has neither shelter nor utility costs.
1	Shelter Costs, No Utility Costs - This code is used when the household has a shelter expense but no utility expense(s).
2	Heating SUA - This code is used when the household is entitled to the full heating standard utility allowance.
3	Actual Costs for Utilities - This code is used when the household verifies and chooses to use actual utility costs.
4	Telephone SUA Only (Not Prorated) - This code is used when the household's only utility cost is for a telephone and the cost is not being prorated.
5	Prorated SUA/Actual Costs in Shared Situation - This code is used when the household is receiving either a prorated SUA or the actual utility costs when sharing living arrangements.
6	Nonheating SUA - This code is used when the household is entitled to the full nonheating SUA.
7	Actual Cost for Nonheating Utilities - This code is used when the household is in a nonheating situation and verifies and chooses to use actual utility costs.

The Food Stamp Household Composition Desk Guide

I. Purchase-and-Prepare (P and P) Concept

Individuals who live together and:

A. Purchase food together and Prepare meals together must be in the same household.

NOTE: In certain situations special rules apply that can override this rule (see 106 CMR 361.200(A)(10) through (13)).

B. Purchase food separately, or Prepare meals separately, or both may be in the same household or may be separate households.

II. Household Concept and/or Purchase-and-Prepare Rules

A. Same Household

In each example, the individuals shown must be in the same household together. They:

- live together; and
- purchase-and-prepare together (unless otherwise noted).

Ex 1	Ex 2	Ex 3	Ex 4	Ex 5
Spouse	Parent	Sibling	Parent	Parent
Spouse	Child	Sibling	Step-Parent/Parent	Child
	Any Age		Stepchild/Child/Step-Sister	P&P Sibling
			7 Years Old	Any Age
(Spouse Rule)	(Parent-Child Rule)	(Sibling Rule)	(Spouse/Parent-Child Rules)	(Parent-Child Rule)

Ex 6	Ex 7	Ex 8	Ex 9
Parent	Grandparent	Parent	Spouse/Parent
Child Under 18	Grandchild Under 18	Child	Spouse/Parent
Other Children Under 18	60 or Older or Disabled	60 or Older or Disabled	Children Under 18
SSI	Provision Financial Support for Grandchildren	Under 18	SSI
(Parent-Child/Parental Control Rules)	(Parental Control/Sibling Rules)	(P&P Together Rule)	(Spouse/P&P Together/Sibling Rules)

Ex 10	Ex 11	Ex 12	Ex 13
Parent 62 Years Old	Parent	Sibling	Parent
Child 17 Years Old	Children Under 18	Sibling	Child Over 18
Child 18 Years Old	SSI	60 or Older or Disabled	Children Under 18
	AFDC	Under 18	SSI
(P&P Together/Sibling Rules)	(P&P Together/Sibling Rules)	(P&P Together Rule)	(P&P Together/Sibling Rules)

Ex 14	Ex 15	Ex 16
3 Friends	Spouse	Aunt
	P&P Sibling	60 or Older or Disabled
	SSI	Supervise Nephew
	REC-O	P&P Sibling
(P&P Together Rule)	(Spouse Rule)	(Parental Control Rule)

B. Separate Household

The following are examples of households in which some or all of the members may be separate from each other. The individuals shown:

- live together; and
- purchase and/or prepare separately (unless otherwise noted).

NOTE: The broken line indicates which household member(s) are separate from the other(s).

Ex. 17

3 Persons
3 Households

(P and/or P Separately Rule)

Ex. 18

2 Persons
2 Households

(P and/or P Separately Rule)

Ex. 19

Sibling	Siblings
60 or Older or Disabled	Both Under 18
1 Household	1 Household

(Elderly-Disabled/Sibling Rules)

Ex. 20

Spouse/Parent	Spouse/Parent	Child
48 Years Old	SSI	22 Years Old
1 Household	Household	

(Spouse/Elderly-Disabled Rules)

Ex. 21

Adult/Parent	Minor	Child
SSI	10 Years Old	18 Years Old
Supervises Minor	1 Household	

(Elderly-Disabled/Parental Control Rules)

Ex. 22

Grandparent	Parent	Child
REDCO	APOC	
1 Household	1 Household	

(Elderly-Disabled/Parent-Child Rules)

Ex. 23

Parent	Child and Friend
60 or Older or Disabled	Both Under 18
1 Household	1 Household (if together)

(Elderly-Disabled/P & P Together Rules)

Ex. 24

Parent	Child
SSI	15 Years Old
1 Household	1 Household

(Elderly-Disabled Rule)

Ex. 25

Parent	Children Under 18
SSI	APOC
1 Household	1 Household

(Elderly-Disabled/Sibling Rules)

Ex. 26

Spouse/Parent	Spouse/Parent	Children Under 18
70 Years Old	SSI	
1 Household	1 Household	

(Spouse/Elderly-Disabled/Sibling Rules)

Ex. 27

Parent	Sibling of Parent	Children Under 18
SSI	60 Years Old	
1 Household	1 Household	1 Household

(Elderly-Disabled/Sibling Rules)

Ex. 28

Spouse/Parent	Spouse/Parent	Children Under 18
REDCO	SSI	Both are on SSI
1 Household	1 Household	1 Household

(Spouse/Elderly-Disabled Rules)

Ex. 29

Parent	Child
60 or Older or Disabled	20 Years Old
Not Adopting	1 Household

(Elderly-Disabled Rule)

Ex. 30

Adult	Minor
Does not Supervise or Provide Financial Support for Minor	17 Years Old
1 Household	1 Household

(P & P Separately Rule)

Ex. 31

Parent A	Child of Parent A	Parent B	Children (C&D) of Parent B and Siblings of Parent A
18 Years Old	Under 18	40 Years Old	20 Years Old 18 Years Old
1 Household		Household	

(Parent-Child/Parent of Minor Child/Sibling Rules)

Ex. 32

Parent A	Children Under 18 of Parent A	Siblings of Parent A
		18 Years Old
1 Household	1 Household	

(Parent-Child/Parent of Minor Child Rules)

EDUCATIONAL GRANTS, LOANS, AND SCHOLARSHIPS DESK GUIDE

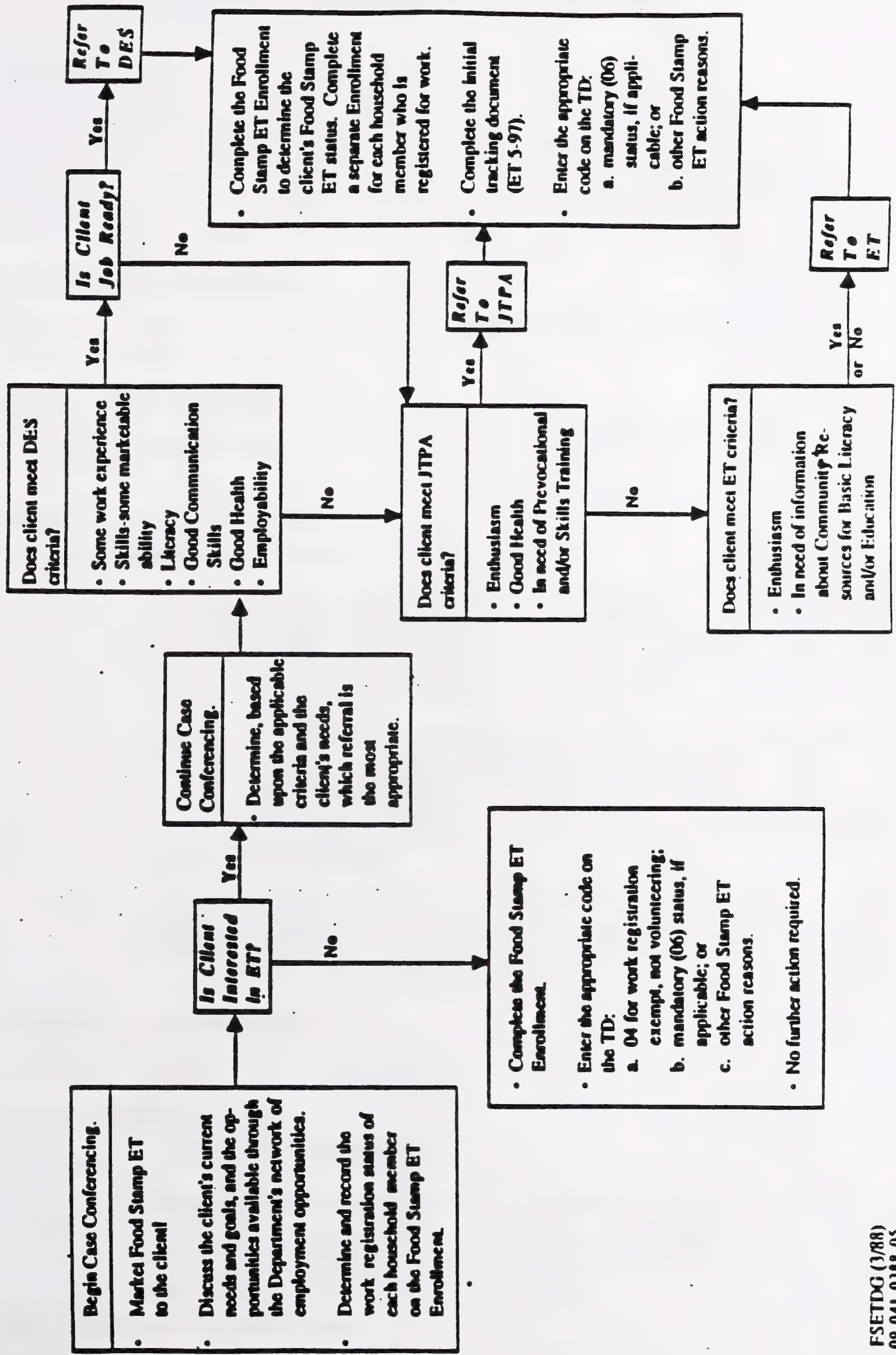
TYPE AND SOURCE OF FINANCIAL AID	FEDERALLY FUNDED LOANS, GRANTS, AND SCHOLARSHIPS (PELL, SEOG, GSL, NDSL, MASS. STATE)	FEDERAL WORK-STUDY	STATE WORK-STUDY	STATE AND PRIVATE LOANS, GRANTS, AND SCHOLARSHIPS (MASS. STATE, REGENTS TUITION, ADULT LEARNER)
INCOME				
AFDC/RRP	NONCOUNTABLE 304.250(M)	NONCOUNTABLE 304.250(W)	COUNTABLE (EARNED) 304.210 (apply WRE and disregards)	NONCOUNTABLE 304.250(L) AND (AA)
FS	COUNTABLE (UNEARNED) EXCEPT FOR ITEMS ASTERISKED BELOW 363.230(D)	COUNTABLE (EARNED) EXCEPT FOR ITEMS ASTERISKED BELOW 363.230(D) AND 364.310 (apply earned income disregard)	COUNTABLE (EARNED) 363.230(D) AND 364.310 (apply earned income disregard)	COUNTABLE (UNEARNED) EXCEPT FOR ITEMS ASTERISKED BELOW AND CHILD/DEPENDENT CARE PROVIDED THEY ARE EARMARKED 363.230(D) AND (F)
OR	NONCOUNTABLE 313.530(L)	NONCOUNTABLE 313.530(V)	NONCOUNTABLE 313.530(V)	NONCOUNTABLE 313.530(K) AND (Y)
MA-AFDC RELATED (MA-AFDC, MA-21)	NONCOUNTABLE 505.230(I)	NONCOUNTABLE 505.230(Z)	COUNTABLE (EARNED) 505.210 (apply WRE and disregards)	NONCOUNTABLE 505.230(I) AND (DD)
MA-SSI RELATED	NONCOUNTABLE 505.230(J)	NONCOUNTABLE UP TO \$1620 PER YEAR SEE 505.230(F) FOR RESTRICTIONS	NONCOUNTABLE UP TO \$1620 PER YEAR SEE 505.230(F) FOR RESTRICTIONS	COUNTABLE (UNEARNED) EXCEPT FOR TUITION AND MANDATORY FEES 505.230(I)

• Tuition, mandatory fees, origination fees and insurance premiums on student loans, books, transportation, educational supplies, meals on campus, specialized clothing, tutoring fees, and other educational expenses.

The following student assistance programs are funded in whole or in part by Title IV of the Higher Education Act:

- 1. Basic Educational Opportunity Grants that include Pell Grants**
- 2. Supplemental Educational Opportunity Grants (SEOG)**
- 3. Grants to States for State Student Incentives (SSIG) that include Massachusetts State Scholarship**
- 4. Special Programs for Students from Disadvantaged Backgrounds**
- 5. Special Programs for Students Whose Families Are Engaged in Migrant and Seasonal Farmwork**
- 6. Robert C. Byrd Honors Scholarship Program**
- 7. Assistance to Institutions of Higher Education**
- 8. Special Child Care Services for Disadvantaged College Students**
- 9. Guaranteed Student Loan Program (GSL)**
- 10. Federally Subsidized Work-Study Programs**
- 11. Income Contingent Direct Loan Demonstration Project**
- 12. Direct Loans to Students in Institutions of Higher Education (NDSL)**

Food Stamp Employment And Training: A Step Toward Self-Sufficiency The Role of the Food Stamp Case Manager



FOOD STAMP PROCEDURAL MEMO #IICHANGE PROCESSING DURING CERTIFICATION PERIOD**1.0 INTRODUCTION**

Food stamp households not subject to monthly reporting are required to report certain changes in income and household status that occur during their certification period. The Department must act in a timely manner to determine the effect of the change on eligibility and level of benefits. For changes that are reported at recertification, see Procedural Memo #III, Recertification Processing.

2.0 FOOD STAMP MANUAL REFERENCE

The policy related to this material is covered in 106 CMR 365.170, 366.100 through 366.150, and 366.510.

3.0 CENTRAL OFFICE RESPONSIBILITIES

3.1 Forward Change Report forms they receive to the appropriate Area Office.

4.0 LOCAL OFFICE RESPONSIBILITIES**4.1 Change Report form (FSP-5)**

4.1.1 Postage-free return envelopes with the local office address are to be given with the Change Report form (FSP-5). The office number of Branch offices is to be written in the lower left-hand corner of the envelope to expedite processing upon its return.

4.1.2 The office director must designate an individual(s) responsible for ensuring that returned forms are date stamped and immediately given to the appropriate worker or supervisory unit. Since the FSP-5 is returned in envelopes that are identical to those used for Monthly Reports, it is important that the FSP-5 be handled accordingly.

4.1.3 In offices that receive mail for another location, the person(s) responsible for opening and sorting mail will forward the FSP-5 to the appropriate office by courier no later than one day after the form(s) was received.

5.0 SUPERVISORY RESPONSIBILITIES

5.1 General supervision of the process.

6.0 WORKER RESPONSIBILITIES**6.1 Issuing a Change Report Form (FSP-5)**

6.1.1 Households are to be given a Change Report Form and return envelope at: a) initial certification; b) recertification if a new form is needed; c) when a Change Report Form is returned; and d) when requested by a recipient.

6.2 Recording Reported Changes

The following examples apply to a household whose Social Security number ends in 9. Its month starts on the 14th and ends on the 13th of the following calendar month. The effective date for its 4/14 issuance is 4/10.

Example 1: Change reported 3/15.

Monthly benefits are adjusted for 4/14 issuance by key entering a T.D. by the effective date of 4/10. Because the household is entitled to increased benefits for the month the change was reported, the increased benefits must be calculated and a supplementary ATP must be provided.

Example 2: Change reported 4/10 at 4:45 p.m.

Monthly benefits cannot be adjusted for 4/14 issuance because the TD cannot be key entered by the 4/10 effective date. Because the household is entitled to increased benefits for the month the change was reported, the increased benefits must be calculated, multiplied by 2, and a supplementary ATP must be provided for the months of 3/14-4/13 and 4/14-5/13.

- 6.5.1.2 If the change is the addition of a household member or a decrease in gross monthly income of at least \$50 (which does not make the household's net food stamp income zero as in 6.5.1.1), the household is entitled to increased benefits beginning with the month after the change was reported. The monthly benefit amount must be adjusted. If the effective date for the month after the change was reported has passed, the amount of increased benefits must be calculated and provided to the household as a supplementary ATP.

The following examples apply to a household whose Social Security number ends in 9. Its month starts on the 14th and ends on the 13th of the following calendar month. The effective date for its 4/14 issuance is 4/10.

Example 1: Change reported 3/15.

Monthly benefits are adjusted for 4/14 issuance by key entering a T.D. by the effective date of 4/10. Because the household is not entitled to increased benefits for the month in which the change was reported, no supplementary ATP is necessary.

Example 2: Change reported 4/10 at 4:45 p.m. Monthly benefits cannot be adjusted for 4/14 issuance because the T.D. cannot be key entered by the 4/10 effective date. Because the household is entitled to increased benefits for the month after the change was reported, the increased benefit must be calculated and a supplementary ATP must be provided.

- 6.5.1.3 For other changes, the household is entitled to an increase for the first ATP after 10 days from the date the change was reported.

The following examples apply to a household whose Social Security number ends in 9. Its month starts on the 14th and ends on the 13th of the following month. The effective date for its 4/14 issuance is 4/10.

Example 1: Change reported 3/15. Monthly benefits are adjusted for 4/14 issuance, the first ATP after 10 days from the date the change was reported. Because the household is not entitled to increased benefits for the month the change was reported, no supplementary ATP is necessary.

Example 2: Change reported on 4/7. Monthly benefits are not adjusted for 4/14 issuance because the household is not entitled to the adjustment until the first ATP after 10 days from the date the change was reported. The increased benefit must be held until after the effective date of 4/10.

- 6.5.2 Complete Notice of Increase/No Change (FSNL-3), indicating type and date verification must be received, if appropriate.
- 6.5.3 Complete TD, obtain supervisory signature, and submit to data entry clerk.
- 6.5.4 If required verification is not received prior to the household's 2nd normal ATP issuance after the date the change was reported, submit a TD to reduce benefits to level prior to report of the change. An Advance Notice of Adverse Action (FSNL-5) is not required.

6.6 No Change In Benefits

6.6.1 Complete FSNL-3 (Notice of Increase/No Change).

6.7 Special Procedures for PA Workers

6.7.1 PA workers are responsible for immediately reporting changes to the NPA unit on cash assistance households receiving food stamps as NPA households. NPA workers are also responsible for reporting changes in these households to the PA workers.

6.7.2 An increase in food stamp benefits, resulting from a reported change, cannot be delayed while awaiting verification that may be necessary to adjust the PA grant. (See 6.5.1 for timeliness standard for acting on reported changes.)

6.7.3 Special procedures are necessary when a change results in a termination of PA benefits or in a change in classification from PA food stamp benefits to NPA food stamp benefits. (See Procedural Memo #IV, Termination Processing for PA Cases.)

6.7.4 When a change affects the cash assistance grant and food stamp benefit level, the household must be notified of the change.

6.7.4.1 Since AFDC and RRP cases are on the Monthly Reporting System (MRS), notices of approval, termination, increase, and reduction are automatically sent to the recipient.

- . When a reported change does not affect the cash assistance grant nor the food stamp benefit level, the worker shall send an FSNL-3 to the recipient because MRS does not.

6.7.4.2 For General Relief cases, cash assistance notification letters are to be used if a change is required on both the cash assistance grant and food stamps.

- . If only food stamps are to be terminated or reduced, send an FSNL-5.
- . If there is no change in the cash assistance grant, but food stamps are either increased or unchanged, send an FSNL-3.

7.0 STATISTICAL REQUIREMENTS

7.1 None are required.

8.0 FORMS INSTRUCTIONS

8.1 Notice of Increase/No Change (FSNL-3).

8.1.1 If verification is required, check appropriate block, list verification needed, and record date by which verification must be provided.

8.1.2 This notice is sent only within the certification period.

8.1.3 Distribution (2 copies)

- . Original to household
- . One copy in case record

8.2 Notice of Adverse Action (FSNL-5).

8.2.1 Enter appropriate effective date according to schedule. This date must be at least 10 days from the date the form is completed.

8.2.2 This notice is sent only within the certification period.

8.2.3 Distribution (4 copies).

- . Original and one copy to household
- . One copy in case record
- . One copy attached to TD

FOOD STAMP PROCEDURAL MEMO #III

FSPM III-1
AP-83-70
11/83

RECERTIFICATION PROCESSING

1.0 INTRODUCTION

Benefits shall not continue beyond the end of the certification period unless the household has been recertified and found eligible.

2.0 FOOD STAMP MANUAL REFERENCE

The policy related to this material is covered in 106 CMR: 366.300 through 366.350.

3.0 CENTRAL OFFICE RESPONSIBILITIES

3.1 Bureau of Systems Operations (BSO)

3.1.1 Mail the Notices of Food Stamp Termination (FSNL-12) to all NPA cases before the first day of the last month of certification.

3.1.2 On the appropriate monthly cut-off date, each NPA cases which has an overdue recertification date will be automatically closed and a TD, coded status 4, with closing code 69 will be issued.

4.0 LOCAL OFFICE RESPONSIBILITIES

4.1 Scheduling Interviews

4.1.1 Interviews must be scheduled as early in the month as possible in order that an eligibility determination may be completed prior to the appropriate computer cut-off date.

4.2 Office Registers

4.2.1 A register of NPA recertifications must be maintained for use in completing the required statistical reports.

5.0 SUPERVISORY RESPONSIBILITIES

5.1 Review TD's to assure that the key entry blocks are correctly completed.

5.2 Assure that cases not recertified in time to receive a machine-issued ATP are issued an OTC/ATP and that no duplicate issuance occurs due to reopening cases for the same month the OTC/ATP's are issued.

WORKER RESPONSIBILITIES

6.1 NPA Households

6.1.1 For households that timely complete their responsibilities for recertification as given in 106 CMR: 366.320, determine eligibility prior to the end of their current certification period.

6.1.1.1 Only the FSNL-1 (Approval) or FSNL-2 (Denial) letters are to be used at recertification. The FSNL-5 must not be used as recipients are not entitled to an advance notice of adverse action at the end of the certification period.

6.1.1.2 Cases currently under appeal for an adverse action during the certification period, must have their benefits changed to the amount calculated at the recertification.

6.1.1.3 Households that have timely complied are entitled to uninterrupted benefits.

If eligibility is determined too late in the month for the household to receive a machine-issued ATP on its normal issuance date, prepare an OTC/ATP and ensure that the household receives the OTC/ATP by its normal issuance date. Remember not to reopen the case starting with the same month in which you plan to issue an OTC/ATP.

Prior to issuing an OTC/ATP to a household when the case has closed but will be reopened, the worker must follow certain procedures to prevent duplicate ATP issuances.

- Complete a FSP-15, Food Stamp Inquiry Confirmation Form.
- If the file inquiry indicates no impediments to establishing the case;
 - . complete FSP-14 for OTC/ATP issuance;
 - . if case is not active on the Recipient Master File (RMF), it must be entered on the RMF by completion of a separate T.D. regardless of whether it will eventually be established as an ongoing case. Only category 9 is to be entered in block 4 on the T.D. regardless of the category of the case. Status "0" is to be entered in block 37.
- See AP-83-9 for detailed instructions on the above procedures.

6.1.2 For households that do not submit a new application, no action is necessary. Their cases will automatically close and a TD will be issued with status 4, closing code 69.

6.1.3 For households that do not timely comply with their recertification responsibilities for good cause, determine if the household lost benefits for the month following the end of the certification period. If lost benefits are owed, see Procedural Memo #VII, Restoration and Offsetting of Lost Benefits, for issuance instructions.

6.2 PA Households

6.2.1 Recertification of food stamp eligibility is done in conjunction with the cash assistance redetermination.

6.2.2 Since AFDC and RRP cases are on the Monthly Reporting System (MRS), notices of approval, termination, increase, and reduction are automatically sent to the recipient.

6.2.2.1 When there is no change in the cash assistance grant and none in the food stamp benefit level, the worker shall send an FSNL-1 to the recipient because MRS does not.

6.2.3 For General Relief cases, cash assistance notification letters are to be used if a change is required on both the cash assistance grant and food stamps.

6.2.3.1 If only food stamps are to be terminated, send an FSNL-2; an advance notice of adverse action (FSNL-5) is not applicable at recertification.

6.2.3.2 If there is no change in the cash assistance grant but food stamps are either increased, reduced, or unchanged, send an FSNL-1.

6.2.4 Since food stamp benefits are linked to the cash grant amount, if the cash assistance reduction or termination is timely appealed, food stamp benefits will remain at the present level until the Fair Hearing decision is rendered or the certification period expires, whichever occurs first.

7.0 STATISTICAL REQUIREMENTS

7.1 A Monthly Food Stamp Application and Recertification Report (SA-30; rev. 1/76) must be submitted by each CSAO/MSO to the:

Department of Public Welfare
Office of Administration
600 Washington Street
Boston, MA 02111
Attention: SA-30 Reports

by the 10th of the calendar month following the calendar month of the report.

Massachusetts Department of Public Welfare — Notice of Food Stamp Termination

Your food stamps will end on the date written on the enclosed address card. You must now reapply for food stamps. To reapply, contact your food stamp office IMMEDIATELY. The address is on the enclosed address card. IF YOU DO NOTHING, YOUR FOOD STAMPS WILL STOP.

If you are still eligible for food stamps, you can make sure you receive them without interruption by doing the following as soon as possible: 1) fill out an application on or before the "Apply By" date that is written on the address card; 2) get an interview; and 3) provide us with all the verifications we need. When you set up your interview, ask us what verifications you need to bring with you. It is your responsibility to reschedule any interview you miss. If you are late in doing these things, your benefits may also be late.

You must be informed of the number of days you have to provide additional verification that may be necessary to process your application. You have the right to request a fair hearing if you disagree with any action taken by the Department regarding your reapplication. You have the right to request an application and have the Department accept it, as long as it is signed and contains a legible name and address. You may file an application in person, by mail, or through an authorized representative.

NOTE: If all members of your household are applicants for, or recipients of, Supplemental Security Income (SSI), you may choose to file your reapplication for food stamps at the Social Security Office. If you file at the Social Security Office, the Department of Public Welfare will still be responsible for determining your food stamp eligibility.

FSNL-12 (Rev. 7/87)

AVISO DE SUSPENSION DE CUPONES DE ALIMENTOS

Sus cupones de alimentos serán suspendidos en la fecha escrita en la tarjeta con dirección adjunta. Usted debe solicitar nuevamente los cupones de alimentos ahora. Para solicitar nuevamente comuníquese con su oficina de cupones de alimentos INMEDIATAMENTE. La dirección está en la tarjeta con dirección adjunta. SI USTED NO HACE NADA, SUS CUPONES DE ALIMENTOS SERÁN SUSPENDIDOS.

Si usted aún es elegible para recibir cupones de alimentos, usted puede asegurarse de que los reciba sin interrupción por hacer lo siguiente lo más pronto posible: 1) llene una solicitud antes de la fecha "Solícite En" que es escrita en la tarjeta con dirección; 2) obtenga una entrevista; y 3) nos provea con todas las verificaciones que necesitamos. Cuando usted haga la cita para la entrevista, pregúntanos qué comprobaciones debe traer con usted. Si usted falta de asistir a alguna entrevista, tiene la responsabilidad de arreglarla otra vez. Si usted tarda en hacer estas cosas, sus beneficios también pueden llegar tarde.

Usted tiene que ser informado del número de los días que tienes para proveer verificaciones adicionales que pueden ser necesario para procesar su solicitud. Usted tiene el derecho a pedir una vista imparcial si no está de acuerdo con cualquiera acción tomada por el Departamento que tiene que ver con su solicitud. Usted tiene el derecho a pedir una solicitud, y el Departamento tiene que aceptarla si es firmada y contiene el nombre y la dirección legible. Usted puede entregar la solicitud en persona, por correo, o a través de un representante autorizado.

NOTA: Si todos los miembros de su familia son solicitantes o reciben Seguro de Ingreso Suplementario (SSI), puede escoger el solicitar de nuevo para cupones de alimentos en la Oficina de Seguro Social. Si solicita en la Oficina de Seguro Social, el Departamento de Bienestar Público continuará siendo responsable de determinar su elegibilidad para cupones de alimentos.

FOOD STAMP PROCEDURAL MEMO # 14TERMINATION PROCESSING FOR PA CASESOVERVIEW

This Memo provides the procedures to be used when a cash assistance case (AFDC, GR or Refugee Assistance) that also receives food stamp as a PA household is being closed. In addition, it contains the procedures to be used when a PA household becomes an NPA household and must be established as an NPA case.

Food Stamp regulations require the Department to determine eligibility for the Food Stamp Program, based upon available data or to continue benefits until all efforts to obtain the data have been made. The activities are to take place even if the cash assistance case is being closed or the case is no longer a PA food stamp case, i.e., a member of the food stamp household is not in receipt of AFDC, GR or Refugee Assistance.

The worker responsible for the Cash Assistance case must take all actions necessary to obtain sufficient information so as to determine continued eligibility/ineligibility and for establishing the NPA case on the Recipient Master File (RMF). Attempts to obtain sufficient information must occur in the time allowed prior to the advance notice period. Case actions to terminate or decrease assistance should not be delayed if the information is unavailable. All attempts to obtain the information must be recorded in the case record. If there is insufficient information to make an eligibility determination, the PA worker will notify the recipient of the need to be recertified and establish the case on the RMF as an NPA case for one additional month. The NPA worker will perform the recertification requirements.

Sufficient information is defined as information that is required to make a determination of FS eligibility/ineligibility, such as household composition, household income and assets, and personal data on household members (name, DOB, SSN).

The attached two charts describe what actions are required when the PA FS eligibility ceases. The charts address the PA FS termination in GR cases and AFDC/RRP cases.

FOOD STAMP MANUAL REFERENCE

The policy related to this material is covered in 106 CMR 365.170 and 106 CMR 366.150.

The termination process for NPA cases is contained in FSPM II for actions occurring within the certification period and in FSPM III for actions occurring at the end of the certification period.

LOCAL OFFICE RESPONSIBILITIES

The Office Director is responsible for assuring that both PA and NPA units are aware of the requirements contained in this memo and that appropriate communications between the two units are established. The Director shall also develop

- . an office procedure to establish an NPA case record when the recipient contacts the office for recertification. The case record shall contain copies of the latest redetermination form or application form if a redetermination has never been completed; appropriate verifications; notification letters, latest TDs and the latest FS worksheet.
 - . a mechanism to assure that duplicate issuance does not occur as a result of the food stamp conversion.
-

CONTENTS OF MEMO

This memo contains material for:

- | | |
|--|---------------|
| . actions for GR cases | pages 3,4,5,6 |
| . determining the certification period | page 7 |
| . actions for AFDC/ RRP cases | pages 8,9 |
| . actions for appealed cases | page 10 |
| . actions for the NPA case | page 11 |
-

WORKER RESPONSIBILITIES

GR Worker Responsibilities

The following chart outlines the process to be used in closing a PA food stamp case when the GR case is closed or the household circumstances change such that it now must be classified as an NPA household. It is the FASHs responsibility to make every attempt to obtain all information to make a Food Stamp determination especially at the time of redetermination. There are six different situations which could occur and the procedures for each are slightly different.

N.B. The procedure to be utilized in closing a PA food stamp case when the Food Stamp portion of the case becomes ineligible is contained in FSPM II.

NPA Start Date

The start date of the NPA case is the first day of the cyclical month that follows the month in which the last PA ATP was issued.

Example: Last digit of SSN is 3. The PA FS are terminated as of December 4. The NPA FS are established as of December 5 since the last PA ATP covered the period of 11/5 through 12/4.

Submission of TDs, NFLs, and FSNLs

The TD to terminate the PA FS and the TD to establish the NPA FS are submitted together, along with a copy of the NFL or FSNL.

(continued on next page)

Situation	Notification Letter(s)	Information on Notification Letter	Turnaround Document(s)
<ul style="list-style-type: none"> Close GR cases FS became MPA; Sufficient information is known or was obtained to make FS determination (eligible or ineligible). 	<ul style="list-style-type: none"> MFL-1 or MFL-11 	<ul style="list-style-type: none"> Termination of the GR grant Reclassification as MPA household New FS benefit amount FS certification period Termination of the GR grant and PA FS-Ineligible for MPA FS 	<ul style="list-style-type: none"> ID # 1 - close GR and PA FS ID # 2 - establish MPA FS, if eligible, at new benefit amount and new certification period ID # 1 close GR and PA FS

Examples: 1) Close GR case, the client is employed. Income exceeds FS eligibility level. Complete 1 ID to terminate the GR and PA FS. The client has been determined ineligible for MPA FS.

2) Close GR case, the client is employed. Income does not exceed the FS eligibility level. Complete 2 ID's. Establish MPA FS at the new amount.

3) Close GR case for failure to submit medical report. Information is available to make FS determination. Complete 2 ID's. Establish MPA FS at new amount.

Situation	Notification Letter(s)	Information on Notification Letter	Turnaround Document(s)									
Close GR cases; <u>Insufficient</u> information - FS information is not known or could not be obtained to make FS determination.	MFL-1, or MFL-11	Termination of the GR grant. Reclassification as MPA household. FS benefit amount (old PA amount) FS certification period (one additional month only) Need to be recertified	ID #1 - close GR and MPA FS ID #2 - establish PA FS at PA amount for one month only NOTE: If the advance notice period ends on the same day or after the effective date, then ID #2 is not necessary because the ID to close the PA FS will be processed after the effective date and the household will receive the proper FS amount for the additional month. <table border="1"> <thead> <tr> <th>MFL Dated</th> <th>Effective date</th> <th>Complete</th> </tr> </thead> <tbody> <tr> <td>6</td> <td>26</td> <td>2 ID</td> </tr> <tr> <td>17</td> <td>26</td> <td>1 ID</td> </tr> </tbody> </table>	MFL Dated	Effective date	Complete	6	26	2 ID	17	26	1 ID
MFL Dated	Effective date	Complete										
6	26	2 ID										
17	26	1 ID										

Examples: 1) Close GR case for failure to keep a redetermination appointment. 2 ID's are required. Client is eligible for MPA FS for 1 month at the PA level.

2) Client submits written request to close GR case but fails to return letter that asked for further clarification on FS case. 2 ID's are required. Client eligible for MPA FS for 1 month at PA level.

SUMMARY OF ACTIVITY - GR CASES - TERMINATE PA FOOD STAMPS

Situation	Notification Letter(s)	Information on Notification Letter	Turnaround Document(s)
<ul style="list-style-type: none"> Increase or decrease GR grant; FS become NPA; Sufficient information is known or was obtained to make FS determination 	<ul style="list-style-type: none"> NFL-6 and FSNL-5, if the action occurs between redeterminations NFL-6 NFL-10 or NFL-11 NFL-6 and FSNL-5 if between redeterminations NFL-10 or 11 	<ul style="list-style-type: none"> Increased GR grant Reclassified as NPA Decreased FS amount New certification period Increased GR grant and increased FS amount Reclassified as NPA New Certification period Decreased GR grant and increased/decreased FS amount Reclassified as NPA New certification period Increased/decreased GR grant and terminate PA FS - Ineligible for NPA 	<ul style="list-style-type: none"> TD #1 - Increase GR (submit immediately) TD #2 - close PA FS TD #3 - establish NPA FS TD #1 - Increase GR and close PA FS TD #2 - establish NPA FS (use this TD to issue any lost benefits owed the household) TD #1 - decrease GR and close PA FS TD #2 - establish NPA FS (use this TD to issue any lost benefits owed the household), if eligible TD #1 - Increase/decrease GR and and close PA FS

Example: Client is now living with someone collecting UCC benefits. Information was submitted regarding FS eligibility factors. Complete the appropriate TD's and establish NPA FS at new amount.

<ul style="list-style-type: none"> Increase or decrease GR grant FS become NPA Insufficient information - FS information is not known or could not be obtained to make FS determination 	<ul style="list-style-type: none"> NFL-6 NFL-10 or NFL-11 	<ul style="list-style-type: none"> Increased GR grant Reclassified as NPA Need to be recertified FS will continue for one additional month at the PA level Decreased GR Grant Reclassified as NPA Need to be recertified FS will continue for one additional month at the PA level 	<ul style="list-style-type: none"> TD #1 - change GR and close PA FS TD #2 - establish PA FS at the PA amount for one month only. <p>NOTE: If the advance notice period ends on the same day or after the effective date, the TD #2 is not necessary because the TD will be processed after the effective date and the household will receive the proper FS amount for the additional month.</p>
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Example: Client is now living with a relative who is employed. Relative refuses to give the worker wage information. Complete 2 TD's. Client is eligible for NPA FS for 1 additional month at the PA level.

SUMMARY OF ACTIVITY - GR CASES - TERMINATE PA FOOD STAMPS

Situation	Notification Letter(s)	Information on Notification Letter	Turnaround Document(s)
<ul style="list-style-type: none"> GR is unchanged FS become NPA Sufficient information is known or was obtained to make FS determination 	<ul style="list-style-type: none"> FSNL-5 to decrease FSNL-3 to increase FSNL-1 to increase or decrease If as a result of a redetermination FSNL-12A in addition to the FSNL-1, 3 or 5 if the certification period ends in the month following notification. 	<ul style="list-style-type: none"> Reclassification as NPA New benefit level New certification period Need to be recertified 	<ul style="list-style-type: none"> TD #1 - close PA FS TD #2 - establish NPA FS
<ul style="list-style-type: none"> FSNL-5 to close PA FS - Ineligible for NPA FS 	<ul style="list-style-type: none"> Termination of FS 	<ul style="list-style-type: none"> TD #1 - close PA FS 	

Example: 1) Client moved from living with another GR recipient to living with an employed person. Based on total gross income client is eligible for NPA FS for a household of 2. Complete FSNL-5 and 2 TD's.

<ul style="list-style-type: none"> GR is unchanged FS become NPA Insufficient information FS information is not known or could not be obtained for eligibility determination 	<ul style="list-style-type: none"> FSNL-12A 	<ul style="list-style-type: none"> FS will continue for one additional month at the PA level. Need to be recertified 	<ul style="list-style-type: none"> TD #1 - close PA FS TD #2 - established NPA FS at the PA level for one month only <p>NOTE: If the advance notice period ends on the same day, or after the effective date, then TD #2 is not necessary because the TD to close the PA FS will be processed after the effective date and the household will receive the proper FS amount for the additional month.</p>
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Example: 1) Client moved from living with another GR recipient to living with an employed person. Worker was unable to obtain information regarding new roommate's wages, SSN, or assets. Complete 2 TDs. Client will receive FS for one additional month only.

Establishing the Certification Period

In establishing an NPA food stamp case that was formerly in receipt of PA food stamp benefits, the GR worker must make a judgment about the length of the certification period. The certification period may either be the remainder of the certification that was assigned to the PA case or this remainder may be shortened, but in no case may it be extended. If the change occurs at the time of redetermination, a new certification period is to be established.

The first step in the process is to determine the certification period that would have been assigned to the NPA case if it were treated as a new application. See the Food Stamp Manual 364.700-364.710 for instructions on establishing the certification period.

IF the number of months remaining in the certification period is...	THEN the certification period for the NPA case is ...
<ul style="list-style-type: none"> equal to or less than the certification period just determined 	<ul style="list-style-type: none"> the current PA FS certification period
<ul style="list-style-type: none"> greater than the certification period just determined 	<ul style="list-style-type: none"> shortened to comply with the new situation

AFDC WORKER RESPONSIBILITIES

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AFDC/RRP
Worker
Responsibilities

The following chart outlines the process to be used in closing a PA Food Stamp case when the AFDC/RRP case is closed or whenever circumstances change so that the food stamp case must be reclassified from PA to NPA. It is the FASW's responsibility to obtain sufficient information to determine continued eligibility/ineligibility for Food Stamps as an NPA household. Based on the data contained on the worksheets and TDs, the Monthly Reporting System is capable of making the necessary judgments and sending the proper notice(s).

(continued on next page)

SUMMARY OF ACTIVITY - AFDC/RRP CASES - TERMINATE PA FOOD STAMPS

WHEN the situation is...	THEN complete one (1) Turnaround Document (TD) by ...	AND enter the appropriate conversion Status Code (block 37 - close PA-FS case)	MRS Generated Notice notifies the household that...
Close AFDC/RRP case due to non-income reason.	<ul style="list-style-type: none"> Follow the instructions in the Systems Manual to close the case Circle 1 in block 36 to close PA-FS Enter appropriate conversion status code in block 37 	<p>Enter Code 4</p> <ul style="list-style-type: none"> Household is determined ineligible for MPA-FS based on sufficient information. Food Stamps to be closed. <p>Code 6</p> <ul style="list-style-type: none"> Insufficient information such as income, assets, or household members, is available or could not be obtained from the household. Continue food stamps for one (1) additional month at PA level. 	<ul style="list-style-type: none"> Food Stamps are terminated. Food Stamps will continue for one month at the PA FS level. Recertification within the month is required.
Delete a member(s) of the AFDC/RRP case but the individual(s) remains a household member.	<ul style="list-style-type: none"> Follow the instructions in the Systems Manual to delete the member Circle 1 in block 36 to close PA-FS Enter appropriate conversion in block 37 Enter the correct household size in block 40 when grantee is deleted Ensure status code in block 61 is 1 or 2 when dependent is deleted. 	<p>Code 7</p> <ul style="list-style-type: none"> Sufficient information is available to determine MPA eligibility Action is being taken as a result of a redetermination MRS will recalculate MPA benefits Submit an MRW to enter any income that counts for FS only: <ul style="list-style-type: none"> complete block 14A for earned income; complete block 23 for unearned income. 	<ul style="list-style-type: none"> MPA food stamps are established at a new amount. The certification period is <ul style="list-style-type: none"> 3 months for cases with earned income or no income, or 6 months for cases with unearned income.
Close PA-FS because an individual(s) becomes a member of the FS household but is not receiving AFDC/RRP or GR.	<ul style="list-style-type: none"> Follow instructions in the Systems Manual to add the person as a dependent Circle 1 in block 36 to close PA-FS Enter the appropriate conversion status code in block 37 	<p>Code 8</p> <ul style="list-style-type: none"> Sufficient information is available to determine MPA eligibility Action is not being taken as a result of a redetermination MRS will recalculate MPA benefits Submit a MRW to enter any income that counts for FS only: <ul style="list-style-type: none"> complete block 14A for earned income complete block 23 for unearned income 	<ul style="list-style-type: none"> MPA food stamps are established at a new amount. The certification period is <ul style="list-style-type: none"> 3 months or the original certification period, whichever is shorter, for cases with earned income, or no income, or 6 months or the original certification period, whichever is shorter, for cases with unearned income.

NOTE: When the case is being closed due to a change in income, MRS will also calculate continued eligibility for food stamps. A single notice will be system generated that will notify the household of the intended action to terminate the AFDC/RRP case and the impact upon the food stamp.

CLIENT APPEALS

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AFDC RRP, GR or FS
action is appealed

The following chart describes what action(s) the worker is to take when the client appeals the cash assistance action, the PA FS closing, or the NPA FS establishment.

IF the client...	AND...	THEN...
<ul style="list-style-type: none"> timely appeals the GR closing, or the GR decrease 		<ul style="list-style-type: none"> the GR action along with FS actions (NPA opening and/or PA closing) will pend until the appeal decision.
<ul style="list-style-type: none"> timely appeals the AFDC/RRP closing or AFDC/RRP decrease 		<ul style="list-style-type: none"> The AFDC/RRP action along with FS actions (NPA opening and/or PA closing) will pend until the appeal decision.
<ul style="list-style-type: none"> timely appeals the FS action only-GR case 	<ul style="list-style-type: none"> the action occurs at redetermination 	<ul style="list-style-type: none"> the proposed action will occur because the household is not entitled to aid paid pending the appeal.
	<ul style="list-style-type: none"> the action was not taken as a result of a redetermination 	<ul style="list-style-type: none"> rescind the TD establishing the NPA case, if one was completed. complete a new TD establishing the NPA case at the same PA level.
<ul style="list-style-type: none"> timely appeals the FS action only-AFDC/RRP case 	<ul style="list-style-type: none"> the action occurs at redetermination 	<ul style="list-style-type: none"> the action will occur because the household is not entitled to aid paid pending the appeal.
	<ul style="list-style-type: none"> the action was not taken as a result of a redetermination 	<ul style="list-style-type: none"> the system will establish the NPA case at the same PA level.
<ul style="list-style-type: none"> does not appeal 		<ul style="list-style-type: none"> proposed action will occur
<ul style="list-style-type: none"> loses the appeal-GR case 		<ul style="list-style-type: none"> resubmit a TD for the correct NPA amount

NPA Worker
Responsibilities

The following describes the actions that are to be taken when the PA FS are terminated and NPA FS are established.

Cases established
with insufficient
information

For those cases in which there was insufficient information available to the PA worker to make a determination of continued food stamp eligibility and the NPA food stamp case was established at the PA benefit level, the following activities are to take place.

- . If the household contacts the office to be recertified, handle it as an NPA recertification in accordance with procedures in the FSPM III, Recertification Processing.
 - . If the household does not contact the office to be recertified, the case will close automatically for failure to be recertified. No further notice or action is required.
-

Cases established
with sufficient
information

For those cases in which there was sufficient information to enable the PA worker to make a determination of continued eligibility, no action is required until the household contacts the office for recertification or reports a change in circumstances. The case is then processed as any other active case.

NOTICE OF FOOD STAMP TERMINATION
Food Stamp Program

NAME: _____ DATE: _____

ADDRESS: _____ CITY/ZIP: _____

Your food stamps end on _____. To reapply for food stamps, contact your food stamp office. If you do nothing, your food stamps will stop.

If you are still eligible for food stamps, you can make sure you receive them without interruption by doing the following as soon as possible: 1) fill out an application by _____; 2) get an interview; and 3) provide us with all the verifications we need. When you set up your interview, ask us what verifications you need to bring with you. It is your responsibility to reschedule any interview you miss. If you are late in doing these things, your benefits may also be late.

☐ Your certification period has been shortened due to a change in your circumstances that may affect your food stamp eligibility and benefit level.

You must be informed of the number of days you have to provide additional verification that may be necessary to process your application. You have the right to request a fair hearing if you disagree with any action taken by the Department regarding your reapplication. You have the right to request an application and have the Department accept it as long as it is signed and contains a legible name and address. You may file an application in person, by mail, or through an authorized representative.

NOTE: If all members of your household are applicants for, or recipients of, Supplemental Security Income (SSI), you may choose to file your reapplication for food stamps at the Social Security Office. If you file at the Social Security Office, the Department of Public Welfare will still be responsible for determining your food stamp eligibility.

Eligibility Worker

Telephone Number

Original to Client

Copy to Case Record

AVISO DE TERMINACION DE CUPONES DE ALIMENTOS

NOMBRE: _____ FECHA: _____

DIRECCIÓN: _____ CIUDAD/ZIP: _____

Sus cupones de alimentos expiran en _____. Para solicitar cupones de alimentos nuevamente, debe ponerse en contacto con su oficina de cupones de alimentos. Si no hace nada al respecto, sus cupones de alimentos van a terminar.

Si usted aún es elegible para cupones de alimentos, puede asegurarse de continuar recibiendo sin interrupción por hacer lo siguiente lo más pronto posible: 1) llena una solicitud antes de _____; 2) obtiene una entrevista; y 3) nos provee todas las comprobaciones que necesitamos. Cuando usted haga la cita para la entrevista, pregúntenos que comprobaciones debe traer con usted. Si usted falta de asistir a alguna entrevista, tiene la responsabilidad de arreglarla otra vez. Si usted se tarda en hacer esto, sus beneficios también se tardarán.

☐ Su período de certificación ha sido acortado a causa de un cambio de sus circunstancias que puede afectar su elegibilidad para cupones de alimentos y la cantidad de sus beneficios.

Usted tiene que ser informado del número de los días que tiene para proveer comprobaciones adicionales que pueden ser necesario para elaborar su solicitud. Usted tiene el derecho a pedir una vista imparcial si no está de acuerdo con cualquiera acción tomada por el Departamento con respecto a su solicitud. Usted tiene el derecho a pedir una solicitud, y el Departamento tiene que aceptarla, si es firmada y si el nombre y la dirección son legibles. Usted puede traer la solicitud en persona, enviarla por correo o a través de un representante autorizado.

NOTA: Si todos los miembros de su familia son solicitantes o reciben Seguro de Ingreso Suplementario (SSI), puede escoger el solicitar de nuevo los cupones de alimentos en la Oficina local de Seguro Social. Si solicita en la Oficina de Seguro Social, el Departamento de Bienestar Público continuará siendo responsable de determinar su elegibilidad para cupones de alimentos.

Trabajador de Elegibilidad

Número de Teléfono

Original to Client

Copy to Case Record

NOTICE OF ADVERSE ACTION

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE
FOOD STAMP PROGRAM

NAME: _____

DATE: _____

ADDRESS: _____

CITY/ZIP: _____

We've found that your household no longer qualifies for the Food Stamp benefits you have been receiving. Your benefits will be:

☐ Ended on _____

☐ Reduced from \$ _____ to \$ _____ per month beginning _____

☐ Your food stamp case has been reclassified as NPA. Your certification period will end on _____ as a result of your new circumstances.

The reason for this change is:

Food Stamp Manual citation is: 106 CMR _____

If you disagree with this decision, you have the right to a fair hearing before a referee of the Department of Public Welfare. You may exercise this right by filing a request for a fair hearing within 90 days of this notice. If you wish to request a fair hearing, complete the reverse side of one copy of this letter. Save the second copy for your own information.

You can continue to receive food stamps at your current rate if your request for a hearing is received by the Division of Hearings before _____. You can then receive them at your current rate through the end of the month in which either a fair hearing decision is rendered or your certification period ends, whichever comes first, unless the referee makes a determination at the hearing that the sole issue is one of State or Federal law or policy.

If you want to appeal, and for a good reason are unable to appeal by the time stated above, you can still appeal and receive your food stamps at your current rate. To do this, you must be able to establish that your reason for being late was a good one.

If you appeal the action described above and the referee's decision is to deny your appeal, in whole or in part, the Department has the right under certain circumstances to recover any excess stamps paid to you or on your behalf during the appeal process.

If you want to discuss our decision or ask any questions about how a fair hearing works, call us. Also call us to find out how you can obtain free legal advice.

Eligibility Worker _____

Supervisor _____

Telephone # _____

DEPARTMENT USE ONLY

REGION	OFFICE	CATEGORY	SOCIAL SECURITY NUMBER	CASE ASSIGNMENT NUMBER
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THE COMMONWEALTH OF MASSACHUSETTS

Department of Public Welfare
Division of Hearings
P. O. Box 167, Essex Station
Boston, Massachusetts 02112

REQUEST FOR A FAIR HEARING

The General Laws provide that if you are not satisfied with any action by the Department of Public Welfare, you have the right to appeal and receive a fair hearing before a referee of the Division of Hearings. The request for a fair hearing must be received by the Department within ninety (90) days of the official written notice to you of action by the Department which includes a statement on the right to appeal and time limit for appealing. You may appeal at any time if you think you are not receiving the correct amount of stamps.

TO REQUEST A FAIR HEARING COMPLETE AND SEND THIS FORM TO THE ABOVE ADDRESS

The Division of Hearings will notify you of the time, date and place of your hearing. If you are unable to attend the fair hearing, please contact the Division of Hearings at 727-6050 or 1-800:882-2017 as soon as possible so that your fair hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in dismissal of the appeal.

At the fair hearing, you may appear personally and may be accompanied by an attorney or other representative at your own expense. You may wish to contact a local legal service office or community agency which will provide advice or fair hearing representation at no charge. Information about this service, if available in your area, can be obtained by contacting the Welfare Service Office. You or your representative will have the opportunity to present evidence and to produce and cross examine witnesses. The referee must make a decision based solely on the evidence presented at the hearing. You or your representative will be permitted to see your written record prior to the hearing if you so desire.

I _____ hereby request a fair hearing before a referee of the Division of Hearings. The reason I wish to request a fair hearing is:

NAME: _____ TELEPHONE: _____

ADDRESS: _____ CITY/TOWN: _____

SIGNATURE: _____ DATE: _____

My authorized representative is:

NAME: _____ TITLE: _____

ADDRESS: _____ TELEPHONE: _____

☐ I want to continue receiving the amount of food stamps I now receive until the hearing.

☐ I do not want to continue receiving the amount of food stamps I now receive until the hearing.

FOOD STAMP PROCEDURAL MEMO #V
OVER-THE-COUNTER ATP ISSUANCE PROCEDURES

1.0 INTRODUCTION

In certain situations, applicants and recipients are entitled to an Over-the-Counter ATP. The Food Stamp Over-the-Counter Authorization to Participate Ordering, Storing, Preparing and Reporting Handbook gives detailed instructions on the securing and handling of the OTC-ATPs. The handbook should be used in conjunction with this procedural memo.

2.0 FOOD STAMP MANUAL REFERENCE

The policy related to this material is covered in 106 CMR 364.900, 365.800 through 365.820, 366.330(8), and 366.570.

3.0 LOCAL OFFICE RESPONSIBILITIES

3.1 Security and Control of Documents

- 3.1.1 Blank ATPs, returned ATPs and FSP-026 OTC Issuance Report Registers are secure documents. Instructions and procedures are set forth in the Food Stamp OTC-ATP Handbook.

3.2 Designation of Personnel by Local Office Director

- 3.2.1 Individuals and back-ups must be designated for handling OTC-ATP issuance.
- 3.2.2 Individual(s) must be designated to screen all applications immediately upon receipt to identify households who are eligible for expedited issuance.
- 3.2.2.1 An application made at the Social Security Administration (SSA) must be screened for eligibility for expedited service on the day it is received at the correct local office.

3.3 System for Identifying Prior OTC-ATP Issuance

- 3.3.1 To prevent duplicate ATP issuances, the worker must follow certain procedures prior to expedited issuance of initial food stamp benefits.
- 3.3.1.1 Complete an FSP-15, Food Stamp Inquiry Confirmation Form.
- 3.3.1.2 If the file inquiry indicates no impediments to establishing the case,
- . complete FSP-148 for OTC-ATP issuance;

- if case is not active on the Recipient Master File (RMF), it must be entered on the RMF by completion of a separate TD regardless of whether it will eventually be established as an ongoing case. Only Category 9 is to be entered in Block 4 on the TD, regardless of the category of the case. Status "0" is to be entered in Block 37.

3.3.1.3 See AP-83-9 for detailed instructions on the above procedures.

3.3.2 If the computer file inquiry cannot be completed in accordance with expedited service time frames, or the computer file information is not up-to-date, or the system is "down", the inquiry form (FSP-15) must still be completed prior to issuing expedited initial food stamp benefits. The following system must be established and checked prior to issuing an OTC-ATP in this situation and when an OTC-ATP is issued for any other reason (e.g., replacement ATPs, timely recertification ATPs).

3.3.2.1 Each office must establish and maintain a single OTC file of all OTC-ATP issuances (both PA and NPA). This file is to be checked by the worker prior to determining the need for an OTC-ATP. The worker must also check the current computer ATP Issuance Reports, FSP-026 (Monthly/Daily), and the FSP-026 OTC Issuance Report Registers prior to issuing an OTC-ATP to prevent improper issuance.

Example: The issuance to a household of an expedited OTC-ATP by both a PA and NPA worker in the same month.

Example: The issuance to a household of a replacement or timely recertification OTC-ATP by two different workers in the same month.

3.3.2.2 The local office Director shall determine how this OTC file is to be established. Possible systems are:

- An FSP-14B alpha file. This will require a third copy of the FSP-14B as the case record copy must be in the case record.
- An index card file. This will require creating a card on each household issued an OTC-ATP and recording on the card the date of and reason for issuance.

3.4 ATP Mail Loss

3.4.1 To keep track of reported ATP mail losses, the individual completing the OTC-ATP shall record a "3C" (current) or "3P" (prior) under Type column on the FSP-026 OTC Issuance Report Register when the FSP-14B indicates the reason for issuing an OTC-ATP is for ATP mail loss (the ATP was not received because it was lost in or stolen from the mail).

- 3.4.2 Food Stamp Management (formerly Food Stamp Accountability Unit) at 600 Washington St., Boston will be responsible for submitting monthly reports to the Postal Inspection Service. The FSP-248, Overutilization Report, that lists all households whose original and replacement ATPs were transacted, will be used by Food Stamp Management when completing the report sent to the Postal Inspection Service.

4.0 SUPERVISORY RESPONSIBILITIES

- 4.1 General supervision of the OTC process to ensure that OTC-ATPs are provided on an expedited basis to eligible households as well as ensuring that replacement ATPs, timely recertification ATPs, and closed case ATPs are issued in compliance with policy conditions/restrictions.

5.0 WORKER RESPONSIBILITIES

5.1 Expedited ATP

- 5.1.1 Determine if the household is entitled to expedited service as a result of being classified as \$150 gross income or destitute (migrant) as set forth in 106 CMR 365.800 through 365.820.

NOTE: Liquid assets cannot exceed \$100 for these households.

- 5.1.2 Verify the household's identity. The household's identity is the only eligibility factor that must be verified before expedited service is provided. Verification is readily available documentary evidence or collateral contact in accordance with 106 CMR 361.640(A) and (B).

Examples of acceptable documentary evidence include, but are not limited to, those listed in 106 CMR 365.910(B) or any document that reasonably establishes the applicant's identity.

No requirement for a specific type of document, such as birth certificate, may be imposed.

- 5.1.2.1 Households receiving expedited service must meet the SSN requirement or show that good cause for not doing so exists prior to the first full month of participation. (See Section 362.500.)

- 5.1.2.2 The applicant, unless exempt, must register for work prior to certification in accordance with 106 CMR 362.300. An authorized representative, designated by the household to apply on its behalf (in accordance with 106 CMR 361.300), may work register for the applicant as well as for other nonexempt household members.

The work registration requirements of Section 362.300 for other household members must be met before expedited service is provided if the requirements can be completed within the expedited service processing time standards.

- 5.1.2.3 The worker should attempt to obtain as much required verification (see Section 361.610) as possible during the interview (identity must be verified in all cases), but should not delay the certification for expedited service until the fourth day if the worker has determined it is unlikely that other verification can be obtained within this timeframe.
- 5.1.3 Complete an FSP-15; if no barriers are indicated upon completion of the computer file inquiry, continue to process the case. (See AP-83-9 for detailed instructions.)
- 5.1.4 If the computer file inquiry cannot be completed in accordance with expedited service processing time standards, or the computer file information is not up-to-date, or the system is "down", the FSP-15 must still be completed and the worker must do the following.
 - 5.1.4.1 Check current computer ATP Issuance Reports, FSP-026 (Monthly/Daily) to make sure food stamp benefits are not currently being received under any assistance category.
 - 5.1.4.2 Check the OTC index card file or the FSP-148 alpha file and the FSP-026 OTC Issuance Report Registers to determine if the household has received an OTC-ATP for the current month or previous months.
- 5.1.5 If an initial OTC-ATP was previously issued, check case file to ensure postponed verification was received or normal certification was done subsequent to expedited certification.
- 5.1.6 Determine the amount of stamps (the benefit level) the household is entitled to receive and complete FSP-148. (Proration of initial month's benefits applies to both expedited household types.)
- 5.1.7 Once the household has been determined eligible for expedited service, the worker must ensure that the household receives its OTC-ATP as soon as possible but no later than the fourth calendar day following the day the application was filed. This is to ensure that the household has the opportunity to transact the ATP no later than the fifth calendar day following the day the application was filed.

NOTE: Workers do not have to mail OTC-ATPs to households; the household has the option to choose whether it wants its OTC-ATP mailed or available at the local office for pickup.

- 5.1.8 Obtain supervisory signature and submit to designated individual(s) for completion of OTC-ATP. Complete and have recipient sign Photo-2, Request for Photo ID. |
- 5.1.9 If case is not active on the RMF, it must be entered on the RMF by completion of a separate TD. Enter only Category 9 in Block 4 on TD, regardless of the category of the case. Enter status "0" in Block 37. |
- 5.1.10 Complete FSNL-1 (Notice of Eligibility/Initial and Recertification) and FSNL-12A (Notice of Food Stamp Termination). |
- 5.1.11 If all mandatory verifications have been received and the household is to be certified for more than two months for system-generated ATP issuance, complete a separate TD. |
- . For Category 9 cases, complete all required data blocks; enter status 1 or 2 (whichever is applicable) in Block 37.
 - . For all other categories, the case will be closed under Category 9 by the Automatic Case Closing System; proceed to open/reopen (whichever is applicable) the food stamp case entering actual category of case in Block 4.

5.2 Replacement ATP

Conditions and restrictions for replacement authorizations are contained in 106 CMR 364.900. Food stamps may only be replaced if destroyed in a natural disaster (e.g., fire, flood). Stolen or misplaced food stamps cannot be replaced. ATPs lost or misplaced after receipt cannot be replaced.

5.2.1 For qualifying OTC-ATP replacements, check OTC file, FSP-026 OTC Issuance Report Registers and computer ATP Issuance Reports (FSP-026) to ensure original ATP was issued and to determine issuance date and amount of ATP. If a system-generated ATP was not received by the household, wait three (3) days beyond issuance date to allow for mail delay. Destitute (migrant) and \$150 gross income households shall have the replacement ATP issued on the day of the request.

5.2.2 Replacement ATPs are issued over-the-counter for:

- . previously authorized OTC-ATPs originally issued under expedited circumstances (\$150 gross income and destitute (migrant));

- . system-generated ATPs issued to a household certified at maximum coupon allotment;
- . automated replacement ATPs that cannot be processed PRIOR to the 25th day of the month; or
- . replacement ATPs to be issued due to the second reported nonreceipt of an ATP in six months.

5.2.3 Complete FSP-9A/FSP-9B, Statement of Loss/Request for a Replacement ATP.

5.2.4 If the request for replacement is the household's second request for replacement in six months due to nondelivery, establish the case on the ATP Diversion delivery system (see FSPM #X).

5.2.5 Complete FSP-14B, obtain supervisory signature, and present to designated individual for a replacement OTC-ATP.

5.2.6 Destitute (migrant) and \$150 gross income households are to be given the option to either pick up their replacement ATP at the local office or have it mailed to them. A replacement issued due to a second reported nonreceipt in six months is to be provided directly to the recipient (not mailed). All other replacements are to be mailed to the household within 10 days.

5.2.7 When a replacement is authorized and the ATP being replaced is presented to the eligibility worker (either at the time of replacement or at a later date), the returned/recovered ATP is to be voided immediately and attached to case record copy of FSP-14B. If stamps that were replaced due to destruction by a natural disaster are subsequently located by a recipient and returned to the Department, they shall be voided and then sent to Food Stamp Management, 600 Washington Street, 4th Floor, Boston, MA 02111. Record action taken in the case record.

5.3 Timely Recertification ATP

5.3.1 Determine if household timely complied with all recertification requirements as given in 106 CMR 366.330(B).

5.3.2 Check the computer FSP-026 ATP Issuance Reports to ensure that an ATP in the proper amount was not system-generated.

5.3.3 Complete the FSP-14B and obtain supervisory signature.

5.4 Closed Case ATP for Lost Benefits

5.4.1 If lost benefits are owed to a nonparticipating household, see FSPM #VII, Restoration and Offsetting of Lost Benefits, for issuance instructions.

6.0 STATISTICAL REQUIREMENTS

These requirements and instructions for completion are set forth in the Food Stamp OTC-ATP Handbook. Please refer to the Handbook for detailed instructions.

6.1 By the 10th of each calendar month, the following reports and records for the previous calendar month must be submitted to Food Stamp Management at Central Office.

6.1.1 OTC-ATP Inventory/Reconciliation Summary (FSP-500).

6.1.2 FSP-026 OTC Issuance Report Registers.

6.2 All completed FSP-148s must be batched and mailed or delivered to Records Management Center, P.O. Box 567, Westboro, MA 01581 on a weekly basis. The last batch of the calendar month must be received by Data Input no later than the 5th working day of the following calendar month.

7.0 FORMS INSTRUCTIONS

7.1 FSP-148 (Over-the-Counter ATP Request Form)

7.1.1 Complete all necessary sections.

7.1.2 Distribute

- . Original for batching to individual completing the ATP.
- . Copy to household's case record.
- . Copy to FSP-148 alpha file, if applicable.

7.2 FSP-9A/FSP-9B (Statement of Loss/Request for a Replacement ATP)

7.2.1 Complete all applicable sections.

- . Either recipient completes or worker completes in the presence of the recipient.
- . If the worker completes the form, the worker must read the form to the recipient while completing it, make certain that the recipient acknowledges the accuracy of the completed form, and ensure that the recipient signs the form.

NOTE: Disaster confirmation section on FSP-9B must be completed by worker.

7.2.2 If establishing the household on the ATP Diversion delivery system is required, explain to the household what this means.

7.2.3 Document, on the form and in the case record, any additional information that further explains the circumstances surrounding the loss or theft.

7.2.4 Explain statement of household liability (on bottom of form) and witness recipient's signature.

7.2.5 Distribute

- . Original to case record.
- . Copy to recipient.

7.3 FSP-15 (Food Stamp Inquiry Confirmation Form)

7.3.1 Distribute

- . Original must be attached to the TD that establishes the case on the file for the initial system-generated ATP when submitting for supervisory approval.
- . One copy must be attached to the case record copy of the TD that establishes the case on the file for the initial system-generated ATP.
- . If OTC-ATP is to be issued, a copy must be attached to the FSP-148.

7.4 FSNL-1 (Notice of Eligibility/Initial and Recertification)

7.4.1 Distribute

- . Original and one copy to recipient.
- . One copy to case record.

7.5 FSNL-12A (Notice of Food Stamp Termination)

7.5.1 Distribute

- . Original to recipient.
- . One copy to case record.

FOOD STAMP PROCEDURAL MEMO NO. VI

WORK REGISTRATION / VOLUNTARY QUIT PROVISIONS

INTRODUCTION

The Department shall determine when household members are required to register for employment. At the time the determination is made, these persons must register for work and reregister every twelve (12) months thereafter until they become exempt from this requirement. Household members are considered to have registered when the Work Registration section of the worksheet is completed.

MANUAL
REFERENCE

The policy related to this material is contained in 106 CMR: 362.300 through 362.380 (WORK REGISTRATION) and 106 CMR: 362.390 (VOLUNTARY QUIT PROVISIONS).

SUPERVISORY
RESPONSIBILITIES

- . Review the case record to ensure that all non-exempt household members are properly registered for employment and that the Food Stamp worksheet is placed in the case record.
- . Ensure that household disqualifications are implemented when appropriate, i.e. non-compliance with either work registration requirements or voluntary quit provisions.
- . Ensure that the duration of the disqualification period is either upheld or properly terminated.

WORKER
RESPONSIBILITIES

- . Determine which household members are required to register for employment and complete the Work Registration section on form FSP-4 or FSP-4A with the name of each household member required to register, anyone exempt from registration, and the exemption code.
- . Determine if loss of employment by the primary wage earner, in either an applicant or participating household, meets the definition of a voluntary quit situation.
- . Ensure that the disqualification period for either refusal to register for employment or failure to comply with the voluntary quit provisions is initiated when applicable.
- . Initiate the disqualification process by using the correct recipient notification letter, i.e. Notice of Adverse Action (FSNL-5) for participating households and Notice of Pending/Denial (FSNL-2) for applicant households.
- . Ensure that once disqualification has been initiated, that the duration of the disqualification period is completed.

WHEN THE
DISQUALIFICATION
PERIOD ENDS

The disqualification period for refusal to register for employment is completed when:

- . the household remained ineligible for the entire duration of the disqualification period; or
- . the household member complies with the work registration requirement; or
- . the household member becomes exempt from the work registration requirement.

The disqualification period for voluntary quit without good cause is completed when:

- . for an applicant household, ninety (90) days have passed since the date of the quit; or
- . for the participating household, three (3) months have expired since the disqualification period was imposed.

Note: Prior to certification, workers must access the Recipient Data Inquiry Screen and review case record data to determine if an active disqualification status exists and if so, ensure that the disqualification period is completed prior to certification.

REGISTRATION
PROCESS

- . Complete the Work Registration section of the FSP-4 or FSP-4A with the following information:
 - . Registrant's Name
 - . Date of Registration (date section is completed)
 - . Exempt Household Member's Name
 - . Exemption Code
- . File the original FSP-4 or FSP-4A in the case record.
- . File a copy of the FSP-4 or FSP-4A in a central location in the office for disposition as instructed.

FOOD STAMP PROCEDURAL MEMO #VII

RESTORATION AND OFFSETTING OF LOST BENEFITS

1.0 INTRODUCTION

Lost benefits are food stamp benefits which are owed to a household. A household is entitled to lost benefits under certain conditions:

- . when a Department error is made in benefit calculation;
- . when the Department erroneously denies or terminates benefits;
- . when the Department delays in acting on a reported change;
- . *when the Dept fails to provide benefits for the month following the expiration of the cert period for households that promptly fulfill the recertification process;*
- . when Department policy specifically states a household is entitled to lost benefits;
- . when there is a reversal of a fraud disqualification penalty of a household member;
- . ~~when the household fails for good cause to make a timely recertification;~~
- . when an error is made by the Department or Social Security Administration in processing a joint application;
- . when an appeal hearing official determines that a household is entitled to lost benefits;
- . when a court of appropriate jurisdiction determines that a household is entitled to lost benefits; or
- . when a case closes and lost benefits owed remain on file.

Once entitlement is established, the Centralized Recoupment Unit (CRU) must be contacted to determine if there are any outstanding claims against the household. Lost benefits shall be offset by the amount of the claim(s). Even if the household is not currently participating in the Food Stamp Program, lost benefits shall be restored (including offsetting of the lost benefits) to the household.

Generally, lost benefits will now be restored to a household in a lump sum payment. The household must be contacted prior to restoring the lost benefits, to determine if the lost benefits will be issued in a lump sum payment or, if a reasonable request is made, be issued in monthly installments until the total amount due is paid. A reasonable request, for example, would be if the household fears the excess food stamps may be stolen, or the amount is more than the household can use in a reasonable period of time.

For non-participating households, an OTC-ATP is to be issued in a lump sum to restore the lost benefits. These households also may choose to receive their benefits in monthly installments if a reasonable request is made.

Retroactive benefits are included in this FSPM so that the differences between them and lost benefits can be emphasized. Outstanding claims cannot be offset against retroactive benefits as they can be against lost benefits. Retroactive benefits include benefits for the month of application which must be issued manually because the second month's benefits are different from the monthly amount to be prorated for the month of application.

2.0 FOOD STAMP MANUAL REFERENCE

The policy related to this material is covered in 106 CMR 366.500 through 366.590, and 367.450(A)(1).

3.0 CENTRAL OFFICE RESPONSIBILITIES

3.1 Centralized Recoupment Unit (CRU)

3.1.1 CRU shall provide workers with the amount of an outstanding claim against a household for offsetting purposes.

3.1.2 CRU will notify the household of any remaining claim amount still owed after offsetting.

4.0 SUPERVISORY RESPONSIBILITIES

4.1 General supervision of the restoration process of lost benefits to ensure that lost benefits are issued in accordance with policy and procedural standards.

5.0 WORKER RESPONSIBILITIES

5.1 Determining the amount of lost benefits.

5.1.1 Determine the months in which benefits were lost, excluding those months, when appropriate, that are prior to the 12-month time limit in accordance with 106 CMR 366.520.

5.1.2 Calculate the total amount of the loss, excluding the months in which the household was not participating in the Food Stamp Program.

5.1.3 Determine if there is an outstanding claim against the household by contacting CRU by mail or phone at 600 Washington St.; Boston, MA (617-727-6056). Document in the case record the claim information received from CRU.

5.1.3.1 If there is an outstanding claim, reduce the amount to be restored by the amount of any outstanding claim(s).

5.2 Issuing lost benefits to participating households.

5.2.1 Contact the household to determine if it wishes to receive benefits in a lump sum (i.e., a separate ATP for the amount lost) or, if a reasonable request is made, in monthly installments.

- . Monthly installments are issued by adding the lost benefits amount to the household's regular monthly ATP; therefore, one ATP is issued each month.
- . The total ATP amount (regular monthly ATP plus lost benefits) cannot exceed 150% of the household's maximum coupon allotment (MCA).
- . Any amount over 150% of the household's MCA is carried over to future month(s) and issued in the same manner until the amount owed is paid.

5.2.2 Complete three (3) copies of the FSNL-7, Notice of Food Stamp Benefits That May Be Owed To You, and submit for supervisory signature.

5.2.2.1 Send original and one copy to the household.

5.2.2.2 Place one copy in the case record.

5.2.2.3 If lost benefits are offset by an outstanding claim, send an additional copy of the FSNL-7 to:

Centralized Recoupment Unit
600 Washington St., Room 410
Boston, MA 02111

5.2.3 If a lump sum is to be issued, complete section IV of the T.D. and submit for supervisory signature.

- . Block 50-Circle V
- . Block 51-Enter 7
- . Block 51A-Enter amount to be restored

5.2.3.1 The household will receive a separate computer-issued ATP in addition to its regular monthly ATP in the calendar month the V-7 is entered up to the 25th of the calendar month. If entered after the 25th of the calendar month, the V-7 will be issued in the following calendar month.

5.2.4 If the household makes a reasonable request that its lost benefits be issued in monthly installments, complete section IV of the TD and submit for supervisory signature. (Do not use Code V-8 with S1/S2 (open/reopen) transactions.)

- . Block 50-Circle V
- . Block 51-Enter 8
- . Block 51A-Enter amount to be restored

5.2.5 The V-amount in block 51A cannot exceed \$999.

- . If the amount to be restored exceeds \$999, enter \$999 in block 51A. Additional TD(s) must be submitted for the remainder owed and may be submitted as soon as the first TD is key entered.

5.2.6 If an error was made and the amount of lost benefits issued was too much, any remaining benefits on file can be decreased or eliminated by completing section IV of the T.D.

- . Block 50-Circle V
- . Block 51-Enter 9
- . Block 51A-Enter amount to be subtracted from remaining benefits.

5.2.7 Once the lost benefits owed have been paid, the system will automatically return to issuing the household's regular coupon allotment.

5.3 Issuing lost benefits to non-participating households.

5.3.1 Follow procedural instructions 5.2.1 through 5.2.2.3.

5.3.2 If lost benefits are to be issued in one lump sum, complete FSP-14 for OTC-ATP.

5.3.2.1 Submit FSP-14 for supervisory signature.

- . Submit original for batching.
- . Place copy in case record.

5.3.2.2 There is no dollar limit on the amount of stamps that can be issued monthly by means of OTC-ATP's.

5.3.2.3 If lost benefits are to be issued in monthly installments, additional OTC-ATP's shall be issued by the worker in subsequent month(s) until the total amount due is paid.

- . The amount of the ATP to be issued each month will be determined by the worker and the household.

NOTE: If a household is receiving monthly installments and the case closes, the system will cease paying lost benefits. The amount owed will appear in the "ADJ

LEFT column on the FSP-026 (ATP Issuance Report or Daily Issuance Report). Issue remainder as an OTC-ATP unless a reasonable request is made to continue receiving the benefits in monthly installments.

- 5.3.3 If a household requires a photo I.D. card to transact the OTC-ATP(s) issued to restore the lost benefits it is owed, a temporary I.D. card must be issued to the household.

6.0 STATISTICAL REQUIREMENTS

- 6.1 None are required.

7.0 FORMS ATTACHED

- 7.1 Notice of Food Stamp Benefits That May Be Owed to You (FSNL-7).

- 7.1.1 An FSNL-7 is completed to notify a household of the results of a review to determine whether it is entitled to receive lost benefits or not.

- 7.1.2 Distribution

- . Send original and one copy to the household.
- . Place one copy in the case record.

8.0 COMPUTER PRINTOUTS

- 8.1 These printouts contain lost benefit information.

- 8.1.1 FSP-026-ATP Issuance Report - printed for each of the 10 ATP dates; lists ATP's printed for households by Social Security number; a second line contains lost benefit information, where applicable; and,

- 8.1.2 FSP-026-ATP Daily Issuance Report - daily accumulative print-out, issued each day, lists all ATP's printed outside the normal issuance cycle; a second line contains lost benefit information, where applicable.

- 8.1.2.1 Code V-7 will appear on the ATP Daily Issuance Report in the V-code column.

- 8.1.3 The case record copy of the T.D. will be the only case record documentation of what V-code was used.

9.0 SUMMARY OF COMPUTER (T.D.) CODES (BLOCK 51)

9.1 V-7

- 9.1.1 Issues lost benefits in a lump sum.
- 9.1.2 Issues a separate ATP for the amount lost.

9.2 V-8

9.2.1 Issues lost benefits in monthly installments.

9.2.2 Combines the lost benefit amount with the regular monthly allotment and issues as one (1) ATP.

NOTE: DO NOT USE THIS CODE WITH AN S1/S2 (NEW/REOPEN) TRANSACTION AS THE SYSTEM WILL ISSUE LOST BENEFITS IN A LUMP SUM INSTEAD OF IN MONTHLY INSTALLMENTS. THE COMPUTER WILL NOT PROCESS A TRANSACTION WITH THIS CODE IF THE S1/S2 TRANSACTION INVOLVES SYSTEM-GENERATED PRORATION.

9.3 V-9

9.3.1 Decreases or eliminates amount of any remaining benefits owed.

NOTE: Unless a change is being entered in blocks 37-49 (Section IV of the T.D.) the "T" (in block 36) does not have to be circled when entering V-code information in blocks 50-51A.

10.0 RETROACTIVE BENEFITS

10.1 Retroactive benefits are issued using Code V-6 to distinguish them from lost benefits.

10.2 Retroactive benefits are never offset by outstanding claims against the household.

10.3 When code V-6 is used with an "S1"/"S2" (new/reopen) transaction:

10.3.1 The retroactive benefits shall be added to the household's regular monthly ATP and issued in a lump sum up to \$999 for the initial month. Therefore, one (1) ATP is issued.

10.3.2 Any remaining benefits over \$999 shall be carried over to future month(s) and issued in monthly installments.

10.3.3 The computer will not process a transaction with this code if the S1/S2 transaction involves system-generated proration.

10.4 When Code V-6 is used with a "T" (ongoing) transaction:

10.4.1 The retroactive benefits shall be issued in monthly installments which are added to the household's regular monthly allotment and issued as one ATP.

- 10.4.2 If the household makes a reasonable request to receive its retroactive benefits in monthly installments, the benefits cannot be issued with the S1/S2 transaction. The food stamp case must first be active on the computer before submitting a T.D. with Code V-6 and the retroactive amount. This will issue the retroactive benefits in monthly installments starting with the month following the month in which the food stamp case was opened.
- 10.5 Retroactive benefits are issued in monthly installments up to 150% of the maximum coupon allotment (MCA) for the household's size. Any amount over 150% of the household's MCA is carried over to future month(s) and issued in the same manner until the total amount owed is paid.
- 10.6 The V-amount in block 51A cannot exceed \$999.
- 10.7 Unless a change is being entered in blocks 37-49 (Section IV) on the T.D., the "T" (in block 36) does not have to be circled when entering V-code information in blocks 50-51A.
- 10.8 Code V-9 can also be used to decrease or eliminate any remaining retroactive benefits if an error was made in the amount of retroactive benefits issued.
- 10.9 The computer printout reports (see Section 8.0) also contain retroactive-benefit information. This information is listed on a second line which follows the regular coupon-allotment information. The V-6 code will not appear on these reports.

NOTE: The case record copy of the T.D. will be the only case record documentation of what V-code was used.

NOTICE OF FOOD STAMP BENEFITS THAT MAY BE OWED TO YOU
MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE
FOOD STAMP PROGRAM

DATE: _____

NAME: _____

ADDRESS: _____

CITY/ZIP: _____

SOCIAL SECURITY #: _____

☐ We have reviewed your case and found that no food stamp benefits are owed to you.☐ We have reviewed your case and found that you are owed food stamp benefits which you never received. These benefits are owed to you because:

(Reason(s) for Lost Benefits)

Manual Citation: _____

These benefits are owed to you for the months: _____
(Month(s) and Year Loss Occurred)

Below is an explanation of how we calculated the total amount of benefits you are owed.

Amount You Were Due	Amount You Received	Amount Owed	Number of Months
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount
of Benefits
You Are Owed

\$ _____

Since you presently owe us \$ _____ for food stamp benefits you should not have received, we subtracted \$ _____ from what we owe you. You are now owed

If you have any questions about the amount you presently owe us, call the Centralized Recoupment Unit at 617-727-6255.

☐ You will receive a separate ATP for \$ _____ in food stamp benefits.☐ You must contact the supervisor or worker listed below to receive the benefits owed to you.☐ You have chosen to receive the amount we owe you in monthly installments. Approximately \$ _____ in food stamp benefits will be added to your regular monthly ATP amount until all your lost benefits are paid to you.

If you disagree with any decision regarding food stamp benefits owed to you, you have 30 days from the date of this letter to request a fair hearing. If you wish to request a fair hearing, please contact this office.

Eligibility Worker _____

Supervisor _____

Telephone _____

A copy of this letter has been sent to the _____ for Recoupment Unit.

AVISO DE BENEFICIOS DE ESTAMPILLAS DE ALIMENTO QUE PUEDE QUE SE LE DEBAN A USTED
DEPARTAMENTO DE BIENESTAR PUBLICO DE MASSACHUSETTS
PROGRAMA DE ESTAMPILLAS DE ALIMENTO

FECHA: _____

NOMBRE: _____

DIRECCIÓN: _____

CIUDAD/AREA POSTAL: _____

NÚMERO DE SEGURO SOCIAL: _____

☐ Hemos revisado su caso y encontrado que no se le deben beneficios de Estampillas de Alimentos.

☐ Hemos revisado su caso y encontrado que se le deben beneficios de Estampillas de Alimentos que usted nunca recibió. Estos beneficios se le deben porque:

(Razón(es) por beneficios perdidos)

Cita del Manual: _____

Estos beneficios se le deben por los meses de: _____ (mes(es) y año en que la pérdida ocurrió)

A continuación hay una explicación de como hemos calculado la cantidad total de beneficios que le debemos.

Cantidad que debió recibir	Cantidad que recibió	Cantidad que se le debe	Número de meses
_____	_____	_____	_____
_____	_____	_____	_____

Cantidad Total
de Beneficios
que se le deben:

Como usted nos debe actualmente \$ _____ por beneficios de Estampillas de Alimento que usted no debió recibir, hemos restado \$ _____ de lo que se le debe. Le debemos

\$

Si tiene alguna pregunta sobre la cantidad que nos debe, llame a la Unidad Centralizada de Recursos al 617-727-4015.

☐ Usted recibirá un ATP separado por \$ _____ en beneficios de Estampillas de Alimentos.

☐ Usted tiene que ponerse en contacto con el supervisor o trabajador, nombrado a continuación, para recibir los beneficios que se le deben.

☐ Usted ha sido seleccionado para recibir la cantidad que se le debe, en pagos mensuales. Aproximadamente \$ _____ en Estampillas de Alimentos serán añadidos a su ATP mensual hasta que todos los beneficios perdidos le sean pagados.

Si usted no está de acuerdo con cualquier decisión en relación a los beneficios de Estampillas de Alimento que se le deben, tiene 90 días de la fecha de esta carta para solicitar una audiencia imparcial. Si desea solicitar una audiencia imparcial, por favor póngase en contacto con esta oficina.

Representante de Beneficiarios _____

Supervisor _____

Fecha: _____

☐ Una copia de esta carta es aún enviada a la Unidad Centralizada de Recursos al 617-727-4015.

FOOD STAMP PROCEDURAL MEMO # VIII
SOCIAL SECURITY NUMBERS

AP-87-4
FSPM VIII
Page 1

1. Introduction

All Food Stamp household members, regardless of their age and whether they receive countable income, must furnish their social security number (SSN) to the Department of Public Welfare as a condition of eligibility. The SSN of each household member must be verified by a computer match conducted by the Department with the Social Security Administration (SSA) in accordance with 106 CMR 362.500(A).

2. Food Stamp Manual Reference

The policy related to this material is covered in 106 CMR 360.700, 361.610(F), 362.500 and 366.320(C)(6).

3. Central Office Responsibilities

A. Bureau of Computer Services (BCS)

1. Conduct monthly verification of social security numbers by performing computer matches with the SSA sources listed in 106 CMR 362.500(A).
2. Automatically add to the Recipient Master File SSNs provided by the Social Security Administration (SSA) through the Department's referral process (ENUM-2). A new Turnaround Document (TD) containing the SSN(s) will be issued.

NOTE: This system will only add dependent SSNs to the RMF—not grantee SSNs. Grantee SSNs must be manually added to the RMF.

3. Provide the local offices with a monthly Priority Activities Listing (PAL) report that includes those cases in which a new SSN cannot be automatically added to the RMF because the Department's data does not match the information supplied by the SSA.

B. Division of Eligibility Operations (DEO)

1. Monitor the local office enumeration process and locate problem areas.

4. Worker Responsibilities

A. SSN Requirement

1. Request that an SSN be furnished for each household member.
2. Inform the household that the SSN of each household member must be verified by computer match with the SSA, as specified in 106 CMR 362.500(A).
3. Determine whether Good Cause as specified in 106 CMR 362.500(D) exists for a household member not meeting the SSN requirement.
4. Ensure that, if a household member has more than one SSN, all the SSNs are furnished.
5. Inform the household that:
 - a) households not receiving expedited service must meet the SSN requirement or show that Good Cause for not doing so exists prior to initial certification; and
 - b) households receiving expedited service must meet the SSN requirement or show that Good Cause for not doing so exists prior to the first full month of participation.
6. Explain to the household that each member has the right to know how the Department will use his or her social security number. At the time of application and at the time of recertification, the household member must be given the NTP which explains the uses of the SSN. For a detailed explanation of the household member's right to know the uses of his or her SSN, see 106 CMR 362.500(D).

B. SSN Application and Validation of Already Existing Numbers

1. Refer any household member to the nearest Social Security office:
 - a) who has never been assigned an SSN;
 - b) who has no memory or record of the SSN; or
 - c) for whom more than one SSN is submitted.

2. In any of these situations, inform the household member that (s)he must obtain verification from the SSA, in accordance with 106 CMR 362.500 (B), stating:
 - a) that (s)he has applied for an SSN;
 - b) that (s)he has applied to have an already existing number validated; or
 - c) that (s)he has made every effort to supply SSA with the information necessary to apply for an SSN or to apply to have an already existing number validated.
3. Inform the household that:
 - a) households not receiving expedited service must provide such verification prior to initial certification; and
 - b) households receiving expedited service must provide such verification prior to the first full month of participation.
4. To aid the household to apply for an SSN or to apply to have an already existing number validated, inform the household that the Social Security office may require verification of age, identity and citizenship or alien status. Give the household a copy of the SSA-1, which describes the verifications needed to apply for an SSN (see Verifications - The How, When and Why Guide for a copy of the SSA-1). Provide a household member upon request with any documents existing in the Food Stamp file that provide such verification. Retain a copy of any document(s) given to the household member.
5. Upon delivery to the worker of verification that the household member:
 - a) has applied for a number;
 - b) has applied to have an already existing number validated; or
 - c) has made every effort to supply SSA with the information necessary to apply for an SSN or to apply to have an already existing number validated,the household member will be considered eligible to receive assistance, providing the household member meets all other eligibility requirements.

C. Match Discrepancies

1. When a household member furnishes a number that cannot be verified by computer match, do the following:
 - a. check to see if the number has been incorrectly entered into the System (e.g., if numbers are transposed); and
 - b. check to see if the identifying information accompanying the number has been entered incorrectly (e.g., if the gender is wrong, or if the individual has not reported a change in name to the Social Security Administration).

If the number has been entered correctly, refer the household member to the nearest Social Security office.

2. Inform the household member that (s)he must obtain verification from the SSA, in accordance with 106 CMR 362.500 (B), stating:
 - a) that (s)he has applied for an SSN;
 - b) that (s)he has applied to have an already existing number validated; or
 - c) that (s)he has made every effort to supply SSA with the information necessary to apply for an SSN or to apply to have an already existing number validated.
3. As in (B) above, inform the household member of the verifications which SSA may require, and supply any documents from the Food Stamp file that provide such verifications. Retain a copy of any document(s) given to the household member.
4. A household member whose social security number produces a match discrepancy shall only be referred to SSA once to obtain verification that (s)he has applied for an SSN or has applied to have an already existing number validated. Should a second match discrepancy occur after the household member has provided the SSA verifications necessary to rectify the original match discrepancy, assume that the SSN furnished is valid and has been verified for eligibility purposes, unless the identity of the household member and/or the validity of the SSN become questionable.

- D. Place a copy of the documentation verifying that the household member (1) has applied for an SSN, or (2) has applied to have an already existing number validated, in the case record. If a copy cannot be made (i.e., the copy machine is broken), written confirmation that the worker has seen the documentation must be recorded in the case record (written confirmation must include the household member's name, SSN, type of documentation, date verified, and worker's initials).
- E. Currently participating households who report the addition of a new household member must (1) meet the SSN requirements, or (2) show that Good Cause for not meeting the SSN requirements exists, at the time of the reported change in household membership.
- F. Determine eligibility and benefit level. If the household is eligible, add SSNs and facsimile and dummy numbers, if applicable, to the RMF in accordance with TD instructions in the Systems Manual, Sections SD1-20004 and SD1-200-45.
 - a) A dummy number is assigned to dependents only and is the date the ENUM-2 is returned to the office.
- G. If a household member does not furnish an SSN which can be verified in accordance with 106 CMR 362.500(A) and Good Cause for failure to furnish an SSN, as specified in 106 CMR 362.500(D) does not exist, the household member is ineligible and is considered a disqualified nonhousehold member, in accordance with 106 CMR 365.520.
- H. Upon receipt of the PAL report, enter the new SSNs and correct discrepant data on the RMF by submitting a TD. (For further explanation of the types of cases and the select criteria that appear on the PAL report, see the Systems Manual.)

6. Completing the ENUM-2

- A. Enter the name, address and phone number of the Area Office/Branch Office and the date that the form is being completed by the worker.
- B. Enter the address of the Social Security office most convenient to the applicant. However, the applicant may apply at any SSA office.
- C. Enter the name, category of assistance, case number of the head of household, and dependent suffix number.

NOTE: The case number is the SSN or facsimile number of the head of household (grantee); it must be entered on the ENUM-2 for each household member applying for an SSN.

- D. Sign the ENUM-2. Do not complete the bottom portion of the form.
- E. Instruct the applicant or recipient to take the ENUM-2 to the SSA office along with evidence of age and identity (as described on the reverse of the ENUM-2) and citizenship/alien status, if applicable, of the household member(s) in need of a number. Provide the applicant or recipient with Form SSA-1 that lists acceptable documents to verify age, identity and citizenship/alien status (for a copy of the SSA-1, see Verifications - The How, When and Why Guide). SSA will complete the bottom portion of the ENUM-2.

IMPORTANT:

Applicants or recipients not receiving expedited service must be instructed to return the ENUM-2 as soon as possible as participation cannot begin for these household members until their application for an SSN is verified. Applicants or recipients receiving expedited service must be instructed that they are ineligible for further benefits until the ENUM-2 is returned.

7. Alternative Verifications

The ENUM-2 is the preferred verification. When, however, the ENUM-2 is unavailable, a completed form 5028 or any other communication, written or oral, from SSA is sufficient to provide verification that a household member:

- a) has applied for a number;
- b) has applied to have an already existing number validated; or
- c) has made every effort to supply SSA with the information required to apply for an SSN or to apply to have an already existing number validated.

FOOD STAMP PROCEDURAL MEMO -IX

COMPUTER MATCHES

Overview

The Department's computer records on recipients are compared with the computer records of other agencies and organizations such as the Department of Revenue (DOR), Division of Employment Security (DES), banks, credit unions, and other financial institutions. When a recipient's Social Security Number (SSN) appears in the computer records of one of the other agencies or organizations, the result is a computer match. The computer match is printed on a Client Information Page (CIP) and the DOR and DES CIPs are sent to the Area/Branch Office. The Eligibility Worker (EW) compares the information on the DOR and DES CIPs with the information in the case record to determine if the information is relevant and whether a discrepancy exists. The Centralized Bank Match Unit processes the CIPs that are produced as the result of a computer match with the banks, credit unions and other financial institutions.

DES Computer Matches

Ongoing cases will be computer matched with DES on a monthly basis. If a match occurs, a CIP will be produced except in the following circumstances:

- . CIPs will not be produced on any case already coded as having unearned income (i.e., code U, T, W, or X in block 27 of the TD) or (an amount (\$)) entered in block 43 of the TD); and
- . CIPs will not be produced if a CIP was produced within the past six (6) months. This will prevent duplicate CIPs from being generated each month.

DOR Computer Matches

Each quarter ongoing cases will be computer matched with DOR for the most recent DOR quarter available. Cases with an SSN ending in 0, 1, or 2 will be computer matched during the first month of the quarter, cases with an SSN ending in 3, 4, or 5 will be computer matched during the second month of the quarter, and cases with an SSN ending in 6, 7, 8, or 9 will be computer matched during the third month of the quarter. If a match occurs, a CIP will be produced except in the following circumstances:

- . CIPs will not be produced on any case already coded as having earned income (i.e., code E or M in block 27 of the TD) or (an amount (\$)) entered in block 42 of the TD);
- . CIPs will not be produced if a CIP was produced within the past six (6) months. This will prevent duplicate CIPs from being generated each month; and
- . CIPs will not be produced if the DOR quarter is prior to the start date of a new case.

CIP Transmittal

CIPs will be distributed to the Area/Branch Office at the end of each month for use in the following month (e.g., a CIP sent to the Area/Branch Office at the end of July will be for the EW's use in August).

If another copy of the original CIP is needed, the Supervisor can have it printed from the CIP screen on the Video Display Terminal (VDT):

CIP Information

There are three (3) types of CIPs produced and sent to the Area/Branch Offices: DPW/CCC Inquiry Match, DES CIP, and DOR CIP. The top portion of each CIP header contains the title of the CIP.

The DPW/CCC Inquiry Match is used for computer matches on Emergency Assistance (EA) only applications. It is not used for computer matches in AFDC, RRP, FSP or at application. See Attachment A: DPW/CCC Inquiry Match for a description of the identifying information from the Department's computer masterfile. Both DES and DOR data are printed on the DPW/CCC Inquiry Match. See Attachment B: DES CIP and Attachment D: DOR CIP for a description of the DES and DOR CIP data.

The DES CIP (Attachment B) will have the date of the match and the DOR CIP (Attachment D) will have the DOR quarter and year matched. All other identifying information on the header from the Department's computer masterfile will be the same as on the DPW/CCC Inquiry Match (See Attachment A: DPW/CCC Inquiry Match).

The sections that follow contain the procedures for comparing the information on the CIP with the information in the case record.

Coding

Code both sides of the perforated CIP in the Action Code blocks as indicated below. There are three (3) blocks, but a maximum of two (2) will be used on any one case.

Use one of the following six (6) codes in the first Action Code block on the CIP.

<u>Code</u>	<u>Action</u>
N	New information-reviewed-no action needed
O	Old information-reviewed-no action needed
D	Decreased due to CIP information
R	Reduced due to other information
C	Closed due to CIP information
T	Terminated due to other information

Code the second Action Code block on the CIP to indicate that a referral was made to the Bureau of Special Investigations (BSI) as a result of the CIP information. Leave the second Action Code block blank if no referral was made or if the referral was not as a result of the CIP information.

<u>Code</u>	<u>Action</u>
B	Bureau of Special Investigations referral

Note: A case review must be done on cases that are closed after the match but prior to receipt of the CIP to indicate if a BSI referral was made.

Do not fill in the third Action Code block.

If a CIP results in a decrease or closing, a TD and appropriate Notification Letter must be completed and submitted with the coded CIP to the Supervisor. The Supervisor will fill in the disposition date and give the TD and the CIP to the Data Entry Clerk to be entered on the computer.

If no action is needed, the EW fills in the disposition date on the coded CIP and gives it to the Data Entry Clerk to be entered on the computer. The EW also fills in the disposition date on closed cases that have a BSI referral.

DES MATCH PROCEDURES

The Division of Employment Security (DES) pays unemployment compensation (UC) to eligible individuals who have lost their jobs or who are underemployed. A computer is used to match Social Security numbers of individuals receiving DES benefits with recipients. When a match occurs, a Client Information Page (CIP) is printed with all of the available data.

Compare the data on the CIP with the information in the case record to determine whether the information is relevant and, if relevant, whether a discrepancy exists in accordance with the following instructions.

Relevancy

The information on the CIP is relevant unless it is about an individual whose DES benefits would not be counted in determining food stamp eligibility or benefit level. If the information is not relevant, no further action is needed on the DES CIP other than coding. If the information is relevant, use the following instructions to determine whether a discrepancy exists.

Discrepancy

A discrepancy exists when information that affects FSP is not recorded in the case record. A discrepancy exists for DES match purposes when the CIP shows that the recipient was collecting DES benefits that were not accurately recorded in the case record.

Determine whether the recipient has unreported DES benefits by comparing the information in the case record with the information on the CIP. See Attachment B for a detailed description of the information on this CIP. Last Check Date and Number of Payments are particularly important in determining the time period to use when determining whether a discrepancy exists. To estimate the beginning of the time period, take the Number of Payments and count backward that number of weeks from the Last Check Date. The end of the time period is the Last Check Date. The date for the beginning of the time period is only an estimate because UC checks are not necessarily paid on consecutive weeks. The Last Check Date shows when the individual received his/her most recent check, not necessarily the final check. If Balance Remaining is zero, benefits have been terminated although benefits may terminate with a balance remaining. If zeros are in Last Check Date and following sections, no benefits have been paid. Although, if Filing Date is recent, benefits may be pending. The computer will not generate a CIP unless there is a dollar amount.

Code the CIP using the codes previously provided and complete a Referral for Investigation form (RFI-1), on every case with a discrepancy.

The recipient must be informed that a discrepancy exists in the Food Stamp case, using a properly completed Form RIV-1 (Attachment H), and that failure to comply with the request for verification(s) will result in termination of benefits. The subject of a referral to BSI for investigation is NOT to be discussed with the recipient. CIP information is discussed with the recipient only in regard to how it affects current eligibility and benefits. A copy of this form should be added to the case record.

If the recipient fails to respond to the RIV-1 Form within 15 days, a RIV-1A Form (Attachment I) is to be sent to inform the recipient that Food Stamp benefits will be terminated unless the Department is given authorization to verify the information in question. A copy of this form should be added to the case record.

Failure of the recipient to respond to the RIV-1A Form by the first work day 15 days after the RIV-1A is mailed, results in the termination of benefits for refusal to cooperate (see 106 CMR 361.400).

If an interview with the recipient is necessary, be sure that the RFI-1 is completed before the interview. In such cases, inquiry into the past information indicated by the computer match is the responsibility of the Bureau of Special Investigations (BSI) and may not be pursued by the Worker. Rather, the Worker should make the recipient aware of the computer match information and then ask about present eligibility by saying "As a result of a computer match between the Welfare Department and the Division of Employment Security, your name was listed as receiving Unemployment Compensation until / / / (last check date). Are you presently receiving Unemployment Compensation."

If the recipient denies receiving current UC benefits, the Worker must file a DES Inquiry (see Attachment J). DES will return a claimant record to the Area/Branch Office. If the recipient states that the information shown on the claimant record is inaccurate or out of date, the recipient must produce a current DPW/UCI-1 signed by DES (see Attachment F).

The recipient who affirms receiving current UC benefits must verify the amount of these benefits, if different from the amount shown on the claimant record through a copy of a current unemployment compensation award letter or by producing a current DPW/UCI-1 signed by DES.

During the interview, the recipient may volunteer information that indicates an overissuance may have occurred. If it appears that this wasn't due to Department error, record the information and submit another RFI-1, marking it "second referral". Do not ask questions about information volunteered by the individual.

DES INQUIRY

The DES Inquiry System provides information on employment and Unemployment Insurance benefits in addition to that provided by the DES/DOR wage match. The DES Inquiry may be used at any time that the Worker has reason to believe that a recipient may have unreported Unemployment Insurance benefits.

Information is requested by sending a completed DES Inquiry Form (DES-INO-1) (See Attachment J) to:

Department of Public Welfare
Commissioner's Control Center
43 Hawkins St.
Boston, MA 02114

The document returned is a DES Claimant Record (See AFDC Section 5762: DES Claimant Record). If DES has no record of the named recipient, the Commissioner's Control Center will return the DES-INO-1 to the EW who submitted it noting that DES had no record of the named recipient.

The DES Claimant Record may reflect information which would affect both past and current eligibility for FSP. If the DES Claimant Record shows wages that may have resulted in an overissuance, not due to Departmental error (i.e., unreported wages), the EW must complete a referral to BSI. Only income which affects current eligibility should be discussed with the recipient. The EW must not inquire into income which may have affected prior eligibility.

DOR MATCH PROCEDURES

Each quarter employers in Massachusetts are required to report the wages of their employees to the Department of Revenue (DOR). This information can be utilized to more accurately determine earnings information in our case files by comparing DOR wage reports for individuals with the Department's case record data. When there is a high probability that we have identified the right person's wages, the computer prints out a DOR Client Information Page (CIP). See Attachment J for a detailed description of this CIP.

Compare the data on the CIP with the information in the case record to determine whether the information is relevant and, if relevant, whether a discrepancy exists in accordance with the following instructions.

Relevancy

The information on the CIP is relevant unless it is about a person whose income would not be counted in determining food stamp eligibility or benefit level.

Since many companies which maintain work locations in Massachusetts have their corporate headquarters outside the State, the "Employer Address" information on the CIP will often indicate an out-of-state address. Therefore, a match should not be dismissed as inaccurate simply because an out-of-state employer address appears on the CIP. Occasionally both a parent organization and a subsidiary will send wage reports on the same individual to DOR. If wages for both quarters are identified, but work locations are different, especially if the work locations are widely separated geographically, assume it is a duplicate report.

If the information is not relevant, no further action on the DOR CIP is necessary other than coding. If the information is relevant, determine whether a discrepancy exists.

Discrepancy

A discrepancy exists when information that would have affected FSP is not recorded accurately in the case record. A discrepancy exists for DOR match purposes when the CIP shows that:

- . the recipient was working for an employer who is not recorded in the case record; and/or
- . the recipient was earning an amount that is at least \$30/month (\$90/quarter) over the gross wages reported in the case record for that quarter.

If there is no discrepancy, no further action is necessary on the DOR CIP other than coding.

Code the CIP using the codes previously provided and complete a Referral for Investigation form (RFI-1), on every case with a discrepancy.

The recipient must be informed that a discrepancy exists in the food stamp case, using a properly completed Form (RIV-1) (Attachment H), and that failure to comply with the request for verification(s) will result in termination of benefits. The subject of a referral to BSI for investigation is NOT to be discussed with the recipient. CIP information is discussed with the recipient only in regard to how it affects current eligibility and benefits. A copy of this form should be added to the case record.

If the recipient fails to respond to the RIV-1 Form within 15 days, a RIV-1A Form (Attachment I) is to be sent to inform the recipient that food stamp benefits will be terminated unless the Department is given authorization to verify the information in question. A copy of this form should be added to the case record.

Failure of the recipient to respond to the RIV-1A Form by the first work day 15 days after the RIV-1A is mailed results in the termination of benefits for refusal to cooperate. (See 106 CMR 361.400.)

If an interview with the recipient is necessary, be sure the RFI-1 is completed before the interview. In such cases, inquiry into the past information indicated by the computer match is the responsibility of the Bureau of Special Investigations (BSI) and may not be pursued by the EW. Make the individual aware of the computer match information and then ask "As a result of a computer match between the Welfare Department and the Department of Revenue from (date) to (date), your name was listed as having earnings during that period from (employer). Are you presently employed by this employer?"

- . If the individual denies current employment by the computer match employer, verification of non-employment must be produced.
- . If the individual affirms current employment by the computer match employer, (s)he must be required to produce verification of the current employment information (earnings, expenses, etc.).

Verifying Non-Receipt of Income

If the individual reports that (s)he is not currently employed by the DOR match employer(s), a DORL-1, (Attachment E) verifying this, signed by the employer(s) must be submitted. To expedite this process, send the DORL-1 directly to the employer(s) unless the recipient states that (s)he chooses to submit it to the employer(s).

NOTE: If the CIP states that the employer is the Commonwealth of Massachusetts or the City of Boston, and the EW is sending the DORL-1 directly to the employer(s), (s)he must send the DORL-1 to the appropriate division within the Commonwealth or the City of Boston. If the recipient does not supply the EW with the name of the division, within the Commonwealth or the City of Boston, the EW must submit the recipient's name and Social Security number to the Director or designee. He or she will make an inquiry and furnish the EW with the name and address of the appropriate division.

Before sending the form to the employer(s) or giving it to the individual, make sure that the individual signs it and indicates their return address on the letter, and make a copy for the case record. If the individual has chosen to submit the DORL-1 to the employer(s), inform the individual that the DORL-1 must be returned within two weeks.

Refusal of the individual to sign the DORL-1 will be cause for termination of assistance. Keep a record of the DORL's that have been sent and when they must be returned.

If the DORL-1 was sent directly to the employer(s) and it has not been returned completed within two weeks, make a copy of the DORL-1 in the case record and send the copy to the employer(s). If this copy is not returned within two weeks, assume that the employer(s) is unable or unwilling to return the form. Make another copy of the DORL-1 in the case record and submit the copy to the Director or designee. No further action on the DORL-1 is necessary.

If the individual has chosen to submit the DORL-1 to the employer(s) and it has not been returned within two weeks, inform the individual that the EW must send a new DORL-1 directly to the employer(s). Before sending the new DORL-1 to the employer(s), the individual must sign it. (Refusal of the individual to sign the DORL-1 will be cause for termination of assistance.) Indicate the return address on the DORL-1 and make a copy of it for the case record. If the second DORL-1 has not been returned within two weeks, assume that the employer(s) is unable or unwilling to return the form. Make another copy of the DORL-1 in the case record and submit the copy to the Director or designee. No further action on the DORL-1 is necessary.

During the interview, the individual may volunteer information which indicates that an overissuance may have occurred. If it appears that this was not due to Department error, record the information and submit another RFI-1 marking it "second referral". Do not ask questions about the information volunteered by the individual.

11-11-11 11-11-11

U.S.S. 6674

FILE NO	DATE	FILE NO	DATE	FILE NO	DATE	FILE NO	DATE
100000	11/00/77	100000	11/00/77	100000	11/00/77	100000	11/00/77

0.0.0. 0074

OFFICE NAME				OFFICE NAME AND ADDRESS			
JAMES B				OFFICE NAME OFFICE NAME			
				OFFICE NAME OFFICE NAME			
NO. 100 100	OFF	OFF	OFFICE NAME	OFFICE NAME OFFICE NAME			
	NO.	NO.	NO.	OFFICE NAME OFFICE NAME			
100-100-100	100	100	100-100-100	100-100-100			

It is entered on CIP, in accordance with existing instructions.

DES CIP

DES CIP - RUNDATE / / CIP# 1 PAGE
REGION WSO CAN RECIPIENT NAME SOC SEC NUM CAT
 1 410 111 LOCKS, GOLDIE 987-65-4321 2

DISPOSITION ACTION
DATE CODES
____/____/____ ____/____/____

----- DES DATA -----

SOC SEC NUM PAYEE NAME AND ADDRESS
987-65-4321 GOLDIE LOCKS
 100 FOREST ST - BOSTON MA 02111

FILING DATE	LAST CHECK DATE	CHECK AMOUNT	BALANCE REMAIN	WAITING PERIOD	NUMBER OF PAYMENTS	TOTAL BENEFITS
030584	043084	185	3902	10	07	1295

DIVISION OF EMPLOYMENT SECURITY (DES) DATA

SOCIAL SECURITY NUMBER	Social Security Number of person collecting Unemployment Compensation
PAYEE NAME AND ADDRESS	Name and address of person collecting Unemployment Compensation
FILING DATE	Last date person filed claim - to be read month, day, year
LAST CHECK DATE	Date person received last Unemployment Compensation (UC) check - to be read month, day, year
CHECK AMOUNT	Amount of last check (not necessarily the amount of each check received)
BALANCE REMAIN	Amount of money remaining in person's account with DES
WAITING PERIOD	The number of the week in the calendar year when an individual received his/her first Unemployment Compensation check. For example: the first check is received on 2/26/81. Since this is the eighth week of the year the waiting period is 8.
NUMBER OF PAYMENTS	Identifies number of checks person received
• TOTAL BENEFITS	Total of all payments person received

- Please note that total benefits does not always equal check amount times number of payments. For example: if a person has \$1,620 in account the person receives 20 checks at \$80 per check = \$1,600; last check is for \$20.

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

FOOD STAMP PROGRAM

The Department of Public Welfare welcomes your interest in the Food Stamp Program. As you may know, Food Stamps can greatly increase the food purchasing power of eligible households.

If you think you may be eligible for Food Stamps it is to your advantage to file an application promptly. If you have little or no income now or just lost your only source of income, you may be eligible to receive a Food Stamp card on the same day you apply. Be sure to tell the local office you are in that situation. If your request for same day service is denied, you may request that an Agency Conference be held with a Department Supervisor within two days.

Eligible households which complete the application process shall be provided an opportunity to participate within thirty days of the date of application. To start the thirty days running you need only enter your name, address and signature on the first page of the application form and deliver it in person or by mail to the welfare office for your area. However, your eligibility cannot be determined until you complete the application form, have an interview with an eligibility worker and provide certain information and verifications to the eligibility worker. It is to your advantage to provide this information with your application or as soon as possible after submitting your application. This will likely result in your receiving Food Stamps sooner.

Under Amendment 154 to the Food Stamp Act of 1977 you are required to provide and verify the social security number(s) for each household member who is 18 years of age or older and each child under 18 and receives countable income.

The Department will use your Social Security Number(s) in the Computer File Matching System to verify the accuracy of information you provide at the time of application and during subsequent redeterminations of eligibility for benefits. The system compares the information you provide with the Social Security Numbers of:

- (1) persons who are reported by their employers to the State Department of Revenue as wage earners.
- (2) persons who are earning wages and salaries as employees of the State.
- (3) persons who are listed in the files of the State Division of Employment Security as receiving unemployment benefits, and
- (4) persons who are listed in the files of the Federal Social Security Administration as persons receiving or eligible for "Social Security benefits" (Retirement, Survivors and Disability Insurance) or Supplemental Security Income (SSI).
- (5) persons who are listed in the files of the State Department of Veterans Services as receiving veterans benefits.
- (6) persons who are listed with the State Registry of Motor Vehicles as owning a motor vehicle(s).
- (7) persons having accounts at commercial banks and savings and loan institutions.

The Department shall take all possible precautions to insure your rights of privacy during this process.

Our staff is prepared to assist you with speed and courtesy, and to help you qualify for the program consistent with Food Stamp rules and regulations. You have the right to appeal any action with which you are dissatisfied, including whether you have been afforded a proper opportunity to file your application.

If you are found eligible, we are pleased to have been of service. If not, we hope you will use your knowledge of the program to encourage other potentially eligible households to apply.

FOR DEPARTMENT USE ONLY

DATE _____ REG. _____ USO _____ CAT _____ CAN _____ CODE TYPE _____

SIGNATURE LIST DATE FIRST MI

JAN

DATE LIST DATE FIRST MI

JAN

FSPM-DX
AF-8L-28
ATTACHMENT D

DOR CIP

DOR CIP - RUNDATE / / CIP# 7188 PAGE 1

REGION	WSO	CAN	RECIPIENT NAME	SOC SEC NUM CAT
5	247	221	POPPINS, MARY	123-45-6789 2

DISPOSITION DATE	ACTION CODES
---------------------	-----------------

___/___/___ ___/___/___

----- DOR DATA -----

EMPLOYEE NAME		EMPLOYER NAME AND ADDRESS		
SOC SEC NUM	QTR. REQ.	QTR WAGES	PREV QTR WAGES	
123-45-6789	1-84	0.00	161.00	FANTASTIC FAIRYTALES 100 MAIN STREET BOSTON MA 02111

DEPARTMENT OF REVENUE (DOR) DATA

EMPLOYEE NAME	Name of person working; last name, first name, middle initial
EMPLOYER NAME AND ADDRESS	Name and address of the company or home office of the company for whom the person works
SOCIAL SECURITY NUMBER	Social Security Number of person working
QUARTER REQUESTED	Three digit number representing the period covered. First digit = quarter requested, second and third digits = year of quarter requested; i.e., 1-84 = first quarter, 1984; 2-84 = second quarter, 1984
QUARTER WAGES	Wages person earned for quarter matched
PREVIOUS QUARTER WAGES	Wages person earned for previous quarter; i.e., quarter matched was first quarter 1984, previous quarter would be 4th quarter of 1983



The Commonwealth of Massachusetts

Department of Public Welfare

DATE: _____

TO: _____
EMPLOYER NAME

RE: _____
NAME

EMPLOYER ADDRESS

ADDRESS

EMPLOYER CITY AND ZIP CODE

CITY AND ZIP CODE

SOCIAL SECURITY NUMBER

DEAR

ON BEHALF OF THE ABOVE-NAMED INDIVIDUAL, WE REQUEST THAT YOU INDICATE BY CHECKING THE APPROPRIATE BOX, WHETHER OR NOT (S)HE IS CURRENTLY IN YOUR EMPLOY. PLEASE DO NOT FURNISH ANY INFORMATION YOU MAY HAVE CONCERNING HIS OR HER WORK HISTORY, AND DO NOT COMPLETE THIS FORM IF THE INDIVIDUAL HAS NOT SIGNED THE STATEMENT BELOW.

WELFARE OFFICE EMPLOYEE NAME

WELFARE OFFICE ADDRESS

WELFARE OFFICE CITY AND ZIP CODE

AUTHORIZED STATEMENT

I AUTHORIZE YOU TO INDICATE TO THE DEPARTMENT OF PUBLIC WELFARE WHETHER OR NOT I AM CURRENTLY IN YOUR EMPLOY. DO NOT FURNISH INFORMATION CONCERNING MY WORK HISTORY.

INDIVIDUAL'S SIGNATURE

DATE OF INDIVIDUAL'S SIGNATURE

EMPLOYER STATEMENT

TO: DEPARTMENT OF PUBLIC WELFARE

THE ABOVE INDIVIDUAL IS NOT CURRENTLY IN MY EMPLOY.

THE ABOVE INDIVIDUAL IS CURRENTLY IN MY EMPLOY.

SIGNATURE

POSITION IN COMPANY

DATE OF SIGNATURE

DPW/UCI-1 (1782)

Massachusetts Department of Public Welfare
UNEMPLOYMENT COMPENSATION INQUIRY FORM

FSPM-IX
AP-82-4
ATTACHMENT - F

TO: Massachusetts Division of Employment Security

DATE: _____

Name _____ SS# _____

Address _____

1. Date individual filed most recent claim for benefits _____

2. Is individual currently collecting benefits? Yes ☐ No ☐

If Yes, Amount _____ Expiration Date _____

3. Is individual eligible to collect benefits? Yes ☐ No ☐

If not eligible, state reason _____

4. Is individual eligible for additional benefits? Yes ☐ No ☐

If Yes, Amount _____ Expiration Date _____

DATE _____ DES SIGNATURE _____



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC WELFARE
REFERRAL FOR INVESTIGATION

FSPM-IX
AP-82-4
ATTACHMENT - 3
PAGE - 1

Recipient Identification

Region No.	WSO No.	WSO Address		
Grantee Name (last)	First	Maiden	Alias	
SSN	Telephone	Marital Status		
Category of Assistance: Refugee <input type="checkbox"/> AFDC <input type="checkbox"/> GR <input type="checkbox"/> MA <input type="checkbox"/> FS <input type="checkbox"/> EA <input type="checkbox"/>				
Prior Addresses:				
		From	To	
		From	To	

2. Source of Information

<input type="checkbox"/> Computer Match: <input type="checkbox"/> DOR <input type="checkbox"/> DES <input type="checkbox"/> Federal <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Recipient <input type="checkbox"/> Other (Specify) _____ Date information became known: _____
--	--

Area of Investigation

<p>Category of assistance affected:</p> <p><input type="checkbox"/> AFDC <input type="checkbox"/> FS <input type="checkbox"/> GR <input type="checkbox"/> EA: Date Received _____ <input type="checkbox"/> MA <input type="checkbox"/> Refugee</p> <p>B. Circumstances in Question:</p> <p><input type="checkbox"/> Earned Income _____ Employee Name _____ Employer Name _____ Employer Address _____ Amount of Earnings _____ per _____</p> <p><input type="checkbox"/> Unearned Income _____ Recipient of Income _____ Source of Income _____ Amount of Income _____ per _____</p>	<p><input type="checkbox"/> Assets Owner of Assets _____ Type of Asset _____ Value of Asset _____ Bank Name _____ Account No. _____</p> <p><input type="checkbox"/> Other (Specify) _____ _____</p> <p>C. Circumstances above were: <input type="checkbox"/> Unreported <input type="checkbox"/> Underreported Amount not reported _____ (Computer match only)</p>
--	--

4. Corrective Action

5. Notice of Reporting Responsibility

<input type="checkbox"/> Case Terminated Date _____	<input type="checkbox"/> Termination delayed due to appeal	Have you personally informed the above named recipient of his/her rights and responsibilities to notify the Department of changes in circum- stances? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Grant reduced Date _____	<input type="checkbox"/> Grant reduction delayed due to appeal	
<input type="checkbox"/> No action taken		

6. Income History

Recipient or Dependent	Name and Address of Source or Employer	Last Amount Known	Dates Received and Terminated

7. Bank Account History

Recipient or Dependent	Bank Name and Address	Account No.	Last Known Balance	Date of Last Balance

8. Absent Parent Information

Name		SSN	
Address	Tel.	Health Ins. Plan	
Relation to Recipient			
Employer Name			
Employer Address			

Name		SSN	
Address	Tel.	Health Ins. Plan	
Relation to Recipient			
Employer Name			
Employer Address			

9. Redetermination History

Date	Name of Worker

10.

Worker Signature: _____
Date: _____
Supervisor Signature: _____
Date: _____



The Commonwealth of Massachusetts

Department of Public Welfare

RECIPIENT NAME _____

ADDRESS _____

CITY/TOWN _____

ZIP _____

DEAR _____:

THE DEPARTMENT OF PUBLIC WELFARE HAS RECEIVED INFORMATION INDICATING THAT YOU MAY HAVE INCOME AND/OR RESOURCES NOT REPORTED ON YOUR APPLICATION FOR FOOD STAMPS. THE SOURCE AND NATURE OF THIS INFORMATION IS AS FOLLOWS:

- ☐ DEPARTMENT OF REVENUE FILES SHOW THAT YOU MAY HAVE BEEN EMPLOYED BY _____
(EMPLOYER NAME AND ADDRESS)
- ☐ DEPARTMENT OF REVENUE FILES SHOW THAT YOU MAY BE EARNING \$30/MONTH MORE THAN THE GROSS EARNED INCOME LISTED ON YOUR APPLICATION.
- ☐ DIVISION OF EMPLOYMENT SECURITY FILES SHOW THAT YOU MAY BE RECEIVING UNEMPLOYMENT COMPENSATION WHICH IS NOT REPORTED (OR INCORRECTLY REPORTED) ON YOUR FOOD STAMP APPLICATION.
- ☐ OTHER _____

IN ORDER TO PREVENT TERMINATION OF YOUR FOOD STAMP BENEFITS, THE DEPARTMENT MUST RECEIVE VERIFICATION OF THE CURRENT STATUS OF YOUR INCOME AND/OR RESOURCES. STEPS WHICH MUST/WILL BE TAKEN TO VERIFY THIS INFORMATION INCLUDE:

- ☐ YOU MUST SIGN, DATE AND RETURN THE ENCLOSED FORM AUTHORIZING THE DEPARTMENT OF PUBLIC WELFARE TO VERIFY YOUR EMPLOYMENT AND RETURN IT (OR HAVE THE EMPLOYER COMPLETE AND RETURN THE FORM) TO THE WELFARE OFFICE LISTED BELOW, BY _____.
- ☐ YOU MUST SUBMIT (IF YOU ARE CURRENTLY EMPLOYED) EITHER RECENT PAY STUBS, PAY ENVELOPES, EMPLOYEE 4-2 FORM, WAGE TAX RECEIPTS, STATE OR FEDERAL INCOME TAX RETURN, SELF EMPLOYMENT BOOKKEEPING RECORDS, OR SALES AND EXPENDITURE RECORDS BY _____.
- ☐ THE DEPARTMENT HAS REQUESTED THAT THE DIVISION OF EMPLOYMENT SECURITY FURNISH INFORMATION AS TO WHETHER UNEMPLOYMENT COMPENSATION IS BEING COLLECTED, THE WEEKLY AMOUNT, WHEN BENEFITS EXPIRE(S), ANY BENEFITS CEASED, AND CURRENT ELIGIBILITY FOR BENEFITS.
- ☐ OTHER _____

IF WE HAVE NOT RECEIVED THE VERIFICATION AND/OR ENCLOSED FORM REQUESTED (BY THE DATE INDICATED) ABOVE, WE WILL BE CONTACTING YOU IN THE NEAR FUTURE TO AGAIN ASK YOU TO COMPLY WITH OUR REQUEST.

IF FOR ANY REASON YOU ARE UNABLE TO MEET THIS REQUEST, PLEASE CALL ME AS SOON AS POSSIBLE FOR ASSISTANCE.

SINCERELY,

ELIGIBILITY WORKER

TELEPHONE NUMBER

HOME/WORK ADDRESS

CITY/TOWN

ZIP



The Commonwealth of Massachusetts

Department of Public Welfare

RECIPIENT NAME _____

ADDRESS _____

CITY/TOWN _____

ZIP _____

DEAR _____:

WE RECENTLY CONTACTED YOU CONCERNING:

- ☐ YOUR POSSIBLE EMPLOYMENT AT _____
- ☐ YOUR EARNED INCOME POSSIBLY BEING MORE THAN \$20/MONTH HIGHER THAN YOUR REPORTED GROSS EARNED INCOME.
- ☐ OTHER _____

WE HAVE NOT RECEIVED A RESPONSE TO OUR PREVIOUS LETTER. WE ARE NOW REQUESTING THAT YOU:

- ☐ SIGN THE ENCLOSED FORM AND THE STATEMENT BELOW AND SEND THEM TO US SO THAT WE MAY DIRECTLY VERIFY THE INFORMATION IN QUESTION.
- ☐ SUBMIT (IF YOU ARE CURRENTLY EMPLOYED) VERIFICATION OF YOUR CURRENT GROSS EARNED INCOME.
- ☐ OTHER _____

WE MUST RECEIVE THE VERIFICATIONS/FORMS REQUESTED BY _____ OR WE WILL TAKE ACTION TO TERMINATE YOUR FOOD STAMP BENEFITS.

SINCERELY,

ELIGIBILITY WORKER

TELEPHONE NUMBER

MAILING ADDRESS

CITY/TOWN _____

ZIP _____

AUTHORIZATION FOR COLLATERAL CONTACT

AUTHORIZE THE DEPARTMENT OF PUBLIC WELFARE TO CONTACT THE ABOVE NAMED ORGANIZATION FOR THE PURPOSE OF VERIFYING THE INFORMATION IN QUESTION.

RECIPIENT SIGNATURE _____

2000

UNITED STATES DEPARTMENT OF JUSTICE

The DES Inquiry Form (DES-INQ-1) is used to request available applicant/recipient information from the Division of Employment Security (DES).

- If DES has no record of the applicant/recipient, this form will be returned with a "no record" response.
- If DES has a current (within the past 12 months) file on the applicant/recipient, a DES Claimant Record will be returned to the FAW.

DES LIVERY, INC.
DEPARTMENT OF PUBLIC HEALTH
43 BATHING STREET
BOSTON, MA 02114

Deca

FROM: WFO/CLA

(b)(7)(C), (b)(7)(D)

(2)

[illegible]

Print full name of person requesting information

FSPM X-1

FOOD STAMP PROCEDURAL MEMO #XATP DIVERSION SYSTEM1.0 INTRODUCTION

- 1.1 When a recipient reports a second mail loss in a six (6) month period, his/her ATP must be diverted to the local office for a twelve (12) month period.
- 1.2 Once the ATP Diversion has taken effect, it will automatically remain in effect for twelve (12) months unless one or more of the following changes occur:
 - . Name
 - . Social Security Number
 - . AO/BO
 - . Category
 - . Status

A change in any of the above will automatically cancel the diversion.

- 1.3 If the diversion is cancelled, the ATP will be mailed directly to the recipient's residence, unless the case is closed.

NOTE: When the twelve (12) month period has ended, the recipient's ATP will automatically be mailed to the recipient's residence.

- 1.4 If a recipient moves to another residence within the same AO/BO area, the recipient's ATP will continue to be diverted until the twelfth month of the diversion.

2.0 FOOD STAMP MANUAL REFERENCE

The policy related to this material is contained in 106 CMR: 364.900(E)(4a).

3.0 CENTRAL OFFICE RESPONSIBILITIES3.1 Bureau of System Operations

- 3.1.1 Print and distribute to the local offices the following material by the date each ATP is due:
 - . The diverted ATP's
 - . The DIV/FSP U26 (Diverted ATP Issuance Report) - this report lists the diverted ATP's for the entire AO/BO by alpha.
 - . The DIV/FSP U70 (ATP Holds Match-Unmatched Report for Diverting ATPs) - this report lists the cases which were matched and held for Diversion and the cases dropped from the Diversion System.

3.2 Division of Eligibility Operations

- 3.2.1 Compile the BSO-100 Log Forms received from the AO/BO's.
- 3.2.2 Review the BSO-100's for accuracy and completeness and forward them to the Bureau of Systems Operations (BSO).
- 3.2.3 Coordinate all activities between the AO/BO's and BSO.

4.0 LOCAL OFFICE RESPONSIBILITIES

4.1 Security and control of documents

- 4.1.1 Diverted ATP's, DIV/FSP 026 and DIV/FSP 070 are secure documents and must be kept in a safe place. Instructions and procedures are set forth in the Food Stamp OTC-ATP Handbook.

4.2 Designation of individual(s) and backup(s) by the AO/BO Director to handle the duties of ATP Diversion.

- 4.3 The AO/BO Director or designee is responsible for approving the BSO-100 and forwarding it in sufficient time to ensure receipt by the Division of Eligibility Operations no later than the twenty-first of each month to the following address:

Division of Eligibility Operations
Attention: Peter Boyle
600 Washington Street, Room 614
Boston, Massachusetts 02111

5.0 SUPERVISOR RESPONSIBILITIES

- 5.1 Review and approve the DIV-1 (ATP Diversion Request).
- 5.2 Forward original DIV-1 to Diversion clerk and place copy in case folder.

6.0 WORKER RESPONSIBILITIES

- 6.1 Check case record to determine if the reported mail loss is the second mail loss in a six (6) month period.
- 6.2 Complete the FSP-9A, Statement of Loss/Request for a Replacement ATP, and issue an Over-the-Counter ATP in accordance with FSPM #V.
- 6.3 Inform the recipient/authorized representative that:
 - s/he must pick up his/her ATP at the local office for the next twelve (12) months;
 - the pick-up date will be the normal cyclical issuance date for the recipient; and

- at the time of pick-up, s/he must provide proof of identity and residence through a collateral contact or acceptable documentary evidence.

6.4 Complete the DIV-1 (Diversion Request) and make a copy. Forward the original copy to the unit supervisor with the case record.

6.4.1 Upon return of the original DIV-1 from the Diversion clerk, file it in the case record.

6.5 Authorize issuance of the diverted ATP by completing the appropriate line of the DIV-2 (ATP Diversion Control Card) at the time of pick-up.

6.6 Terminate eligibility for recipients who fail to pickup the diverted ATP. The reason for termination is "Unable to Establish Residency". Advance notice is required. The manual citation is 106 CMR: 362.100.

7.0 ATP DIVERSION CLERK RESPONSIBILITIES

7.1 Transcribe the data from the DIV-1 to the BSO-100 Log Form.

7.2 Retain the original DIV-1 until the ATP Diversion has been verified to have taken place by checking the DIV/FSP 070 and DIV/FSP 026 reports.

7.3 Complete the bottom section of the DIV-1 and return it to the appropriate worker when the diversion has been verified.

7.4 Submit the BSO-100 Log Form to the AO/BO Director or designee for approval on the ninth of each month.

7.5 Maintain and file all DIV-2's after the Diversion is cancelled.

7.6 Void any Diverted ATP which is not picked up prior to expiration. This should be done by printing the words "Void Not Picked Up" on the Diverted ATP.

7.7 Make two copies of any voided ATP. Give one copy to the appropriate worker. The other copy will remain on file with the Diversion Clerk.

7.8 Return original voided ATP to:

Division of Eligibility Operations
Attention: Peter Boyle
600 Washington Street, Room 614
Boston, MA 02111

8.0 COMPLETING THE BSO-100

<u>Block</u>	<u>Information Required</u>
(1-2) Region	Two digit region number
(3-5) WSO (AO/BO)	Three digit office number
(6) Category	One digit category number
(7-15) Soc. Sec. No.	Recipient's nine digit SSN
(16) Type	Always type A (preprinted)
(17-39) Name	Recipient's full name (last, first, initial)
(40)	Leave blank (not used at this time)
(41) ATP	Always "Y" (preprinted)
(42-47) Date	This must always be the first of the month. It must be by year, month, day (example: 81/09/01).

9.0 THE ATP DIVERSION CONTROL CARD (DIV-2)

- 9.1 Serves as a control log for each diverted ATP.
- 9.2 It is to be stored with and clipped to the diverted ATP each month until the diverted ATP is picked up. It will then remain on file for use the next month.
- 9.3 It contains twelve lines, one for each month of diversion. It also contains four columns. These columns will be used as follows:

<u>Column</u>	<u>Information Required</u>
Month/Year	Month and year of the diverted ATP being held for pick-up.
Date Received	The date the recipient picks up the diverted ATP must be recorded here.
Department Employee	The person who gives the diverted ATP to the recipient must sign his/her name here.
Recipient's Signature	The recipient/authorized representative must sign here to acknowledge receipt of the ATP.

ATP HOLD FILE REQUEST FORM

CSAO/WSO DIRECTOR'S SIGNATURE DA

DIV-1
(Rev. 5/82)

FSPM X
AP-82-17
(5/82)

ATP DIVERSION REQUEST

TO: LOCAL OFFICE ATP DIVERSION CLERK

FROM: _____, TITLE _____

RE: AUTHORIZATION FOR RECIPIENT ATP DIVERSION

CURRENT DATA

Region _____, CSAO/WSO# _____, Category _____

Social Security # _____

Recipient's Name

LAST

FIRST

INITIAL

Address _____

ATP Diversion

Effective (date) _____ please divert the above named recipient's ATP to the care of this office. This authorization for diversion is a result of the recipient reporting two mail losses in a six-month period.

F.A.W./F.A.T. Signature

Supervisor's Signature

FOR LOCAL OFFICE ATP DIVERSION CLERK USE ONLY

Date of First Diversion _____

Date of Verification _____

Signature of Diversion Clerk _____

DIV-2

Recipient's Name : _____

Social Security # : _____ WSO = _____

	MONTH/YEAR	DATE RECEIVED	DEPT.	EMPLOYEE	RECIPIENT'S SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

SAMPLE OF 5 BY 8 CARD

FOOD STAMP PROCEDURAL MEMORANDUM XISSI DEMONSTRATION UNIT/LOCAL OFFICE INTERFACE ACTIVITIES1.0 Introduction

The Supplemental Security Income/Food Stamp Program Demonstration Unit (DU) converts cases which meet certain select criteria from Local Office (LO) responsibility to being the responsibility of the SSI Demonstration Unit (DU). The DU will maintain and service a case until a change in circumstances causes the case to be out of compliance with one or more of the select criteria. The case will be recorded as a category 1 or 3 but treated as a category 9.

1.1 Determination of Select Criteria Compliance

Select criteria compliance is determined by comparing information on the State Data Exchange (SDX) and the Department's own Financial Management Control System (FMCS), as well as the Food Stamp Program bonus values. Each of the aforementioned systems calculates independently of each other. Every month, a computer matching process is run against the files looking for new or updated cases which meet all the select criteria with no discrepancies between the two systems. Once identified, these cases are administratively transferred from being the responsibility of a LO to being that of the DU. Either the Demonstration Unit's Manual Notice of an administrative transfer (DU-1) or an automated notice shall be sent informing the recipient of the fact that the household's case is now the responsibility of the DU and how to acquire services related to the case.

A listing of cases selected, as well as, a separate listing of cases which are found to have a discrepancy with information on SDX when compared to FMCS is sent to the LO.

2.0 Select Criteria

Food Stamp Program households receiving SSI and meeting the Select Criteria defined below are the responsibility of the DU once identified by the computer run discussed in 1.1 above, and then transferred.

2.1. Select Criteria "A"

Select Criteria "A" is information which appears on SDX and should be reflected on FMCS.

- (A) Active SSI recipient;
- (B) SSI living arrangement AA (living alone);
- (C) No earned income;
- (D) 18 years of age or older; and
- (E) Not under the jurisdiction of the Commission for the Blind.

2.2 Select Criteria "B"

Select Criteria "B" is information on FMCS or which the applicant or recipient has provided through either an application or other method of direct contact.

- (A) Living and eating alone;
- (B) No roomer(s) or boarder(s);
- (C) No rental or earned income of any kind;
- (D) No educational scholarship, grant or loan; and
- (E) Not within two months of the household's end of the certification period.

3.0 Jurisdiction, Responsibilities and Coordination

The following indicates the activities relinquished and activities retained by the LO where a DU case is concerned.

3.1 New Food Stamp Program Applications by SSI Recipients (except outreach)

SSI recipients applying for the Food Stamp Program must go to the appropriate LO to complete a regular Food Stamp Program Application (FSP-1). The worker should follow normal processing, but should also inform the applicant that the household (if approved) may be transferred to the DU. The worker should also explain what this means to the household, that the transfer does not in any way affect the bonus value nor a household's rights or responsibilities.

The household will, in the event of a transfer to the DU, be notified of the transfer, where to direct questions and correspondence, and which activities will continue to be maintained at the LO.

3.2 Transfers of Ongoing Cases to DU

Changes in circumstances updated on SDX and FMCS may cause a household which did not previously meet C criteria to be selected by the monthly computer run discussed at 1.1. These households will be administratively transferred from being the responsibility of the LO, to that of the DU. Once identified, the LO should use a Demonstration Unit/Local Office transmittal form (DU/LO) to send the case record to the DU. Either an automated notice or a manual administrative transfer notice (DU-1), shall inform the recipient of the transfer and which responsibilities are maintained at the LO.

When transferring a case, the system will use the certification period and bonus value on file. If the end of the certification period is two or less months from the date of the computer run, the case will not be transferred until recertification is complete, and only then if all criteria are still met.

3.3 Outreach

This section is reserved for a program currently being developed and evaluated by the Department. Outreach will encourage certain SSI recipients to apply for the Food Stamp Program.

4.0 Maintenance Activities on DU Cases

Once responsibility for a Food Stamp Program case belongs to the DU, changes, calculations, notices, updates, correspondence and other activities which directly affect eligibility and benefits are no longer the responsibility of the LO. The LO is, however, still responsible for any activities which require face-to-face contact with the recipient.

4.1 DU Responsibilities for an Ongoing DU Case

The DU is responsible for all eligibility activities such as acting on reported changes and notifying the recipient when an automated notice is not available. The DU is also responsible for keeping the LO informed, when necessary, of case activities and for transferring a case back to LO jurisdiction when select criteria are no longer met.

4.2 LO Responsibilities for a DU Case

The LO retains responsibility for case maintenance activities, which due to time constraints or inaccessibility, are not feasible for the DU to perform. Such activities include but are not limited to:

- (A) Replacement ATP's;
- (B) Returned ATP's;
- (C) Photo ID's when requested by the recipient;
- (D) Replacement Food Stamp ID Cards;
- (E) Replacement Food Stamps; and
- (F) Diverted ATP's.

4.3 Case Adjustments, Loss of SSI and Recertifications

When a case adjustment or change is required the DU must take the appropriate action. If the LO determines that a case action is necessary (such as a termination due to an ATP being returned by the Post Office, and never picked-up by the recipient), the DU must be notified on a form DU/LO. It is then the responsibility of the DU to take the action according to normal process. Documents, such as a TD, produced by the system as a result of a case action are sent to the LO or SSI-MA unit. They need not be forwarded to the DU.

4.4 Recertification

The DU is not equipped to follow the normal process for recertification. It also has been identified that this process is not always necessary for the households selected as DU cases. Therefore, a "short form" application is acceptable as a recertification form for DU cases which are not likely to experience changes.

4.4.1 Selecting a Case Being Recertified

Prior to becoming a DU case, if recertification is scheduled or if the end of the certification period is two or less months from the date of the computer run selecting new DU cases, the household involved will not be selected until the computer run following the completed recertification.

4.4.2 Responding to the Short Form Application

The Short Form application is sent as a recertification form by the DU to a household when the end of the certification period is near. If, when returned, the application indicates that all circumstances remain constant, the household remains as a DU case and is recertified for twelve months.

If the short form application indicates that any of the select criteria are no longer met, the category 1 or 3 is converted to category 9 and transferred back to the LO. The certification period is extended for two months to allow the LO to make a recertification decision prior to the category 9 closing. The DU shall send an FSNL-12A to notify the recipient.

4.4.3 Loss of SSI Benefits

If SSI benefits are terminated but there is a possibility that the household may still be eligible for food stamps, the DU will convert the case to category 9 and transfer it to the LO. An SSI/FS Referral Form (DE-1) should be used to return the case record to the LO. The DU must send an FSNL-12A to notify the recipient. If the loss of SSI benefits makes the household ineligible for Food Stamp Program benefits, but recertification is scheduled within 45 days, the recertification must be completed prior to closing the case. If the DU determines that the household is no longer eligible for Food Stamp Program benefits, the DU will close the case, notify the recipient by either an automated notice or FSNL-12A and inform the LO.

5.0 DU Case Out of Criteria Compliance

Anytime a DU case becomes out of compliance with one or more of the select criteria defined at 2.0, the DU must convert the case from category 1 or 3 to category 9. The case is then transferred to the LO for a Food Stamp Program eligibility determination. The DU will inform the recipient with either an automated notice or a FSNL-12A that the transfer is taking place. The LO must contact the household if further information is necessary in order to complete the eligibility determination. A DE-1 should be used to return the case record to the LO.

6.0 Appeals

If a recipient returns an Appeal Request which indicates the household is under DU jurisdiction, both the DU and the LO are notified that an appeal hearing is being scheduled. The DU must then send all pertinent information to the LO worker representing the Department. There should be a specific individual(s) designated by the LO director to handle DU appeals. The DU should cooperate fully with this individual(s) in order to ensure the Department an adequate defense. In the event it is determined at the hearing that more information or another verification(s) is necessary, (s)he should request a short recess, contact the DU and/or access the files (whichever is applicable).

7.0 Exception Report

The Exception Report (ER) is a listing of SSI cases not selected for the DU due to a computer identified discrepancy. The specific discrepancy is listed on the report.

7.1 How the Exception Report is Sorted

The ER is sorted first by region, then WSO, CAN, category, and alphabetically.

7.2 Discrepancy Listings

A case which is excepted from the DU select will list on the report as follows:

- (A) SSN;
- (B) Status;
- (C) Food Stamp Status;
- (D) WSO;
- (E) Name;
- (F) End Certification Date;
- (G) Medical Deduct Code;
- (H) Medical Deduct Amount;

- (I) Unearned Income;
- (J) RSDI Amount;
- (K) Shelter Cost;
- (L) Utility Amount;
- (M) Food Stamp Bonus Value; and
- (N) CAN.

This information is what appears on the FMCS file.

Any information on the SDX file which contradicts the FMCS information will be printed one space below the corresponding FMCS information. If nothing is printed below the FMCS information listed for a given field, then both FMCS and SDX have the same information for that field on file. If a case is listed on this report, at least one field will display information on SDX which is different from that on FMCS.

If a case is excepted due to the end of certification date being two or less months away, six asterisks will be displayed one space under the end of certification date.

If asterisks are displayed, along with other discrepancies, the worker should analyze the additional consideration(s) and take the appropriate action.

Exception Report

The following is a listing of cases with information on SDX which is different than that which is on FMCS. The discrepant information is identified.

PAGE 15
 06/06/86
 CAT. 9 SIMPLE CASES -- EXCEPTION REPORT
 DATE: 06/12/86
 86-06-12 17134.39

SEN	ST	PS	WSD	NAME	END CERT	FED SED	FED SED AMOUNT	UNEARN INCOME	RSDI AMT	SHELTER COST	UTILITY AMOUNT	PS ST	CAN
00-00-0000	1	1	000	DEWITT ALICE	000331	2	0.00	12.39 10.10	436.00	55.00	293.00	14 13	641
000-00-0000	0	0	000	REDFIELD RICHARD C	840031	0	0.00	245.52 53.53	217.00	175.00	30.00	13 72	642
000-00-0000	1	1	002	FENLASON SHIRLEY	840705	2	0.00	153.61 134.16	274.00	96.00	13.00	10	645
TOTAL FOR WSD: 002 3													



The Commonwealth of Massachusetts
Department of Public Welfare

THOMAS H. SPIRITO
Commissioner

Dear

This is to inform you that your case record has been transferred to the SSI/Demonstration Unit located at 41 Hawkins St., Boston, Mass. 02114. YOU DO NOT HAVE TO GO TO THIS OFFICE FOR ANY REASON. You will be contacted by them if further information is required.

If you have any questions regarding your Food Stamps or if you wish to report a change by phone, please call the Central Food Stamp Unit using the following toll free number: 1-800-632-8098

The Welfare Service Office located at _____ address
will continue to provide the following services to you.

- . replace your Authorization to Participate in the event it is lost or stolen. (Your Authorization to Participate is the computer generated form that you receive each month and that you use to obtain the actual food coupons.);
- . replace your Food Stamp ID card;

EW

Tel. *

FOOD STAMP PROCEDURAL MEMO NO. XII
PRORATION OF INITIAL MONTH BENEFITS

1.0 INTRODUCTION

Proration of benefits only occurs for initial months. For a household which has not participated in the Food Stamp Program previously, the first month for which benefits are issued is the initial month. For a household which has participated previously, the initial month is the first month for which the household is certified for participation in the Food Stamp Program following any period of time during which the household was not certified for participation. However, if a household submits an application for recertification either

- . prior to the expiration of its certification period or
- . within 15 days of receipt of a Notice of Food Stamp Termination issued at the time of certification

and is found eligible for the month following the end of its certification period, the month shall not be an initial month.

The following examples illustrate the determination of an initial month for a previously participating household whose Social Security number ends in 9. Its cyclical month begins on the 14th and ends on the 13th of the following calendar month.

1. The household's certification period ends on March 13, but the household does not reapply until March 16. If the household is eligible, its initial month's benefits will be prorated for the period March 16 through April 13.
2. The household's certification period ends on May 13, and the household submits its application for recertification on the same date. Subsequently, the household is determined eligible for the following month. In this case, even though the application for recertification may not actually be approved until June 1, there is no gap between certification periods. Therefore, the initial month's benefits would not be prorated.
3. The household files an application on April 3 and is certified thru April 13. The Notice of Food Stamp Termination is sent and is received by the household on April 7. The household then files an application for recertification on April 19 and is determined eligible for the following month. In this case, since an application for recertification was filed within 15 days of the Notice of Food Stamp Termination and the household is determined eligible for the following month, benefits for the following month would not be prorated.

Under the proration system, households receive benefits (for the initial month) from the day of application through the end of the month. Households do not receive benefits for the days prior to the date of application.

2.0 FOOD STAMP MANUAL REFERENCE

The policy related to this material is contained in 106 CMR: 364.650 and 364.990.

3.0 BUREAU OF SYSTEMS OPERATION (BSO)

The system will prorate initial month's benefits when the start date (block 38) entered by the worker is other than the first day of the household's cyclical month. See 5.0 Worker Responsibilities, below, for start date key entry instructions relating to the proration of initial month's benefits. Automatic proration of initial month's benefits is calculated in the same manner as manually prorated amounts in accordance with 5.0.

Prorated initial month's benefits are always added to the first full month's benefits in a single ATP.

The date of release of the single ATP containing the prorated and first full month's benefits depends on the relationship between the entry date and the date the first full month's benefits are due. If the first full month's benefits are overdue on the key entry date, the ATP will be issued immediately. If the first full month's benefits are due later than the key entry date, the ATP will be held until the first full month's benefits are due. A household whose Social Security number ends in 7 is used in the following examples. Its cyclical month begins on the 11th and ends on the 10th of the following calendar month.

EXAMPLE 1: The start date is 4/5 and the entry date is 4/19. Since the first full benefit month is 4/11-5/10 and the entry date of 4/19 is after the 4/11 date on which the first full month's benefits are due, the system will release the ATP immediately.

EXAMPLE 2: The start date is 4/19 and the entry date is 4/21. Since the first full benefit month is 5/11-6/10 and the entry date of 4/21 is before the 5/11 date on which the first full month's benefits are due the system will hold the ATP until 5/11, the date the first full month's benefits are due.

EXAMPLE 3: The start date is 4/5 and the entry date is 4/26. Since the first full benefit month is 4/11-5/10 and the entry date of 4/26 is after the 4/11 date on which the first full month's benefits are due, the system would have released the ATP immediately except for the fact that the cut-off date of the 25th of the calendar month has already passed. If an ATP cannot be mailed by the 25th of a calendar month, it is held. It is released on the first working day of the next calendar month.

4.0 SUPERVISORY RESPONSIBILITIES

Supervisors shall insure that workers in the supervisory unit are familiar with proration standards and shall monitor unit activity to insure that policy and procedure standards are maintained.

5.0 WORKER RESPONSIBILITIES

5.1 When a household's eligibility has been determined and the monthly benefit level has been calculated, determine whether the initial month's benefits must be prorated. Initial month's benefits must be prorated when the date of eligibility is other than the first day of the household's cyclical month.

If initial month's benefits must be prorated, determine whether they can be prorated by the system or whether they must be prorated manually. Initial month's benefits must be prorated manually if the household is eligible for expedited service or if the second month's benefits are determined to be different from the monthly benefit amount to be prorated for the initial month. Expedited service cases will continue to be provided with initial month's benefits by way of an OTC-ATP. Cases whose second month's benefits are different will be provided with initial month's benefits by way of a V-6 transaction.

5.2 System Generated Prorated Benefits

In order for the system to generate prorated benefits, the start date must be the household's date of eligibility.

5.3 Manually Generated Benefits

5.3.1 If the household's monthly allotment is \$400 or less, refer to the "Food Stamp Allotment Proration Table" (364.990). The prorated amount is located at the intersection of the following:

- . the appropriate "Monthly Allotment" row; and
- . the appropriate "Day of Cyclical Month" column.

The appropriate day of the Cyclical Month is the day of the cyclical month on which eligibility starts.

EXAMPLE 1: A household whose cyclical month starts on 4/14, applies on 4/18. April 18 is the 5th day of the cyclical month.

EXAMPLE 2: A household whose cyclical month starts on 3/5, applies on 4/4. April 4 is the 31st day of the cyclical month.

- 5.3.2 If the household's monthly allotment is over \$400, the prorated benefit must be calculated using the day of the cyclical month, unless the day of the cyclical month is 31. If the day of the cyclical month is 31, 30 must be used instead of 31.

The following formula results in the prorated amount:

$$\frac{(\text{Full Month's Benefits} \times (31 \text{ Minus the Day of the Cyclical Month}))}{30}$$

All cents must be dropped from the result of the above formula.

Examples:

- 1) Monthly Allotment - \$425 Day of Cyclical Month 23rd

$$\$425 \times \frac{(31-23)}{30} \text{ or } \$425 \times \frac{8}{30} \text{ or } \frac{3400}{30} = \$113.33$$

Prorated Benefit = \$113

- 2) Monthly Allotment - \$742 Day of Cyclical Month 31st

$$\$742 \times \frac{(31-30)}{30} \text{ or } \$742 \times \frac{1}{30} \text{ or } \frac{742}{30} = \$24.73$$

Prorated Benefit = \$24

- 5.4 When the proration computation results in a prorated benefit of less than \$10, then no issuance shall be made for the initial month. This provision will apply to all initial month benefits. Eligible households which are entitled to no benefits for their initial month due to the \$10 restriction but are entitled to benefits in subsequent months shall be certified beginning with the initial month.

- 5.5 In those rare situations where the system-calculated retroactive benefits exceed the amount the computer can store, the local office will receive an FSP001DN Report (FSPM XII-Attachment A).

When this report is received, the retroactive amount must be checked for accuracy. If a household has received more retroactive benefits than it was due, a claim must be made. If necessary, an adjustment must also be made to the retroactive amount on file in accordance with FSPM VII. The worker must ensure that any additional benefits due are entered on the file as soon as the computer has the capacity to store them.

The following is a description of the FSP001DN report.

1. FS START DATE is self-explanatory.
2. LAST CYCLE SEL PERIOD SSN DATE shows the last digit of the household's Social Security number and the last month in which the case was selected for case action by the computer.
3. TOTAL BONUS VALUE DUE shows the sum of the computer-calculated retroactive amount and the monthly coupon allotment.
4. TOTAL STAMPS ISSUED shows the amount of the household's first ATP.
5. AMT ISSUED AS CURR shows the monthly coupon allotment. Subtracting this number from the TOTAL BONUS VALUE DUE column results in the retroactive amount.
6. TOTAL CALC FWD/ADJ is redundant as it shows the same amount as TOTAL BONUS VALUE DUE.
7. AMT ISSUED FWD/ADJ shows that portion of TOTAL STAMPS ISSUED which represented retroactive benefits.
8. AMT FWD/ADJ POSTED RMF shows the amount of retroactive benefits which the computer is able to store and issue in monthly installments with the regular ATP.
9. AMT ADJ NOT POSTED shows that part of the retroactive amount which the computer could not store.

FSPM X!!
Attachment A
AP-84-21
6/84

2

SECRET

LIST OF RECIPIENTS NAMES BY THE SERIAL VALUES INCLUDING DATE OF BIRTH MONTH OF JAN 44
AND POSTED TO THE ABOVE ADDRESS. THIS SERIAL MAY BE EITHER SIGNALS CENTER, OFFICE, OR BATTERY
BUT AS NOT POSTED MUST BE PREVIOUS AND DISCLOSED.

				LAST		TOTAL		LAST		TOTAL		LAST		TOTAL		
				P.S.	CYCLE	PER	PER	PER	CYCLE	PER	PER	PER	CYCLE	PER	PER	
				START	PER	PER	PER	START	PER	PER	PER	START	PER	PER	PER	
				DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	
FORM	DEC	WED	LAN	CAF	SEC	SEC	4000	DEL	PTT	MAN						
000	87	000	00700	9												
					12/15/83	9	01-00		1330	000	000	1330	00	000		9-1

FOOD STAMP PROCEDURAL MEMO NO. XIIISHELTERS PROVIDING MEALS AND LODGING TO BATTERED WOMEN AND THEIR CHILDREN1.0 INTRODUCTION

Individuals residing in Shelters for Battered Women and Their Children, that provide them with their meals, can receive food stamps if the shelter meets certain USDA criteria, and the household is otherwise eligible. Attachment A of this memo contains a listing of shelters currently determined by the Department as meeting these standards.

2.0 FOOD STAMP MANUAL REFERENCE

The policy related to this material is covered in 106 CMR: 365.550.

3.0 CENTRAL OFFICE RESPONSIBILITIES

3.1 Issuance and updating of a list of approved shelters for Battered Women and Their Children.

3.1.1 Central Services Unit will approve shelters based on criteria outlined in USDA regulations.

3.1.2 Issuance of an updated list of approved shelters will occur periodically.

3.1.3 Central Services will immediately notify a local office to add or delete a shelter in its service area from the list of approved shelters.

4.0 LOCAL OFFICE RESPONSIBILITIES

4.1 Designation of one person to act as contact person for Central Office.

4.1.1 This person calls in all requests to Central Office and receives all information from Central Office regarding approval of shelters.

4.2 Maintenance of an accurate list of approved shelters.

4.2.1 Ensure that workers are immediately notified of deletions or additions to the listing.

5.0 SUPERVISORY RESPONSIBILITIES

5.1 Ensure the proper usage and maintenance of the approved list of shelters.

5.2 Monitor worker compliance with provisions afforded residents of approved shelters.

6.0 WORKER RESPONSIBILITIES

- 6.1 Determine if the resident is residing in a shelter which provides meals.
- 6.2 Review the current list of approved shelters to determine if the shelter in which the household resides is approved.
- 6.3 Determine the eligibility of shelter residents based on these and other program eligibility requirements.
- 6.4 If the resident is currently participating as a member of another food stamp household, determine if the resident meets the criteria for an additional ATP.
 - 6.4.1 If the resident meets the criteria, treat as an initial application (i.e. prorate benefits from the date of application).
 - 6.4.2 Notify the office/worker covering the other household's case to take proper action to reduce or terminate assistance.
- 6.5 Provide food stamp benefits to the resident. If the resident's length of stay in the shelter is expected to extend into the subsequent month, establish the case for the following month on the Recipient Master File.
- 6.6 Inform the resident that food stamps are to be used to purchase meals from the shelter.

7.0 STATISTICAL REQUIREMENTS

There are no statistical requirements for this procedure.

APPROVED SHELTERS FOR BATTERED WOMEN AND THEIR CHILDREN

New Hope
Attleboro, MA

Casa Myrna Vasquez
Boston, MA

Independence House
Hyannis, MA

New Bedford Battered Women's Project
(Women's Center)
New Bedford, MA

Daybreak
Worcester, MA

FOOD STAMP PROCEDURAL MEMO NO. XIV
GRANTING SEPARATE HOUSEHOLD STATUS TO DISABLED
ELDERLY INDIVIDUALS (AND THEIR SPOUSES) LIVING WITH OTHERS
WHEN FOOD IS PURCHASED AND MEALS ARE PREPARED IN COMMON

1.0 INTRODUCTION

Policy revisions have expanded the definition of a household to provide that elderly individuals (and their spouses) who cannot prepare their own meals because they are disabled may be a separate household even if living and eating with others. This change provides an opportunity for qualifying elderly individuals to become eligible separately and apart from others with whom they live, who themselves may have limited income, and relieves some of the financial burden imposed on such households. The changes could also enable some elderly persons to remain in private homes as an alternative to institutionalization.

2.0 FOOD STAMP MANUAL REFERENCE

37-8 The policy relating to the qualifying criteria on this material is contained in 106 CMR: 361.200 (A) and 364.975.

3.0 SUPERVISORY RESPONSIBILITIES (A)(12)

AP-87-5 Supervisors should ensure that all appropriate staff are aware of and properly apply the separate household provisions afforded a disabled elderly individual in accordance with 106 CMR: 361.200 (A).

4.0 WORKER RESPONSIBILITIES (A)(12)

Determines that a request for separate household status qualifies by ensuring that all of the following requirements are met. The spouse of an individual meeting all of the following requirements may also be included as a household member, if living together.

4.1 Age

An individual must be at least sixty (60) years of age on the last day of the month of application.

4.2 Disability

The key factor in determining whether or not disability would qualify an individual for separate status is inability to purchase and prepare meals. If it is obvious to the worker that a person

4.2 Disability (Continued)

could not purchase and prepare his or her own meals, separate household status should be granted. The case record must contain a brief summary substantiating the basis upon which the decision was made by the worker. When the inability to purchase and prepare meals is not obvious, the worker shall request the individual to provide a statement from a physician that (s)he cannot purchase and prepare his or her own meals.

4.3 Income of the others with whom the elderly disabled person resides

The monthly gross income of the other individuals with whom the elderly disabled person resides must be less than 155% of the Maximum Net Income Standards. The gross income is to be used and determined as if the individuals were applying on their own for participation. The income of the disabled person (and spouse) is not to be included in the calculation and the disabled person (and spouse) are not to be considered household members for this purpose.

The gross income of the others would then be compared to the program's 155% income standard (See 106 CMR: 364.975) to determine if the income meets the 155% provision.

The attached income worksheet (FSP-15) has been developed for use under these provisions. Whenever workers determine that these provisions could apply, the attached worksheet is to be completed and filed in the case record. Copies of the FSP-15 will neither be produced and forwarded to local offices nor be available upon request since use is anticipated to be limited. Photocopies are to be made of the attached FSP-15 when needed.

Note: Individuals described above who wish to be a separate household shall be responsible for obtaining the cooperation of the individuals with whom they reside in providing necessary income information and, if necessary, obtaining a physician's statement establishing inability to purchase and prepare meals if this inability is not apparent.

5.0 STATISTICAL REQUIREMENTS

None

FOOD STAMP PROCEDURAL MEMO NO. XIV

GRANTING SEPARATE HOUSEHOLD STATUS TO DISABLED
ELDERLY INDIVIDUALS (AND THEIR SPOUSES) LIVING WITH OTHERS
WHEN FOOD IS PURCHASED AND MEALS ARE PREPARED IN COMMON

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An individual must be at least sixty (60) years of age on the last day of the month of application.

4.2 Disability

The key factor in determining whether or not disability would qualify an individual for separate status is inability to purchase and prepare meals. If it is obvious to the worker that a person

MASSACHUSETTS
DEPARTMENT OF PUBLIC WELFARE

FSPM XIV
AP-83-15

165% COMPUTATION WORKSHEET
FOOD STAMP PROGRAM

INCOME TEST (165%) USED TO DETERMINE IF SEPARATE HOUSEHOLD STATUS CAN BE
GRANTED TO A DISABLED ELDERLY INDIVIDUAL (AND SPOUSE) LIVING WITH OTHERS
106 CMR: 361.200(D)

I.

- | | | | |
|----|--|----|--|
| A. | NUMBER OF INDIVIDUALS (EXCLUDING THE DISABLED ELDERLY PERSON
AND HIS/HER SPOUSE) RESIDING IN THE HOUSEHOLD. | | <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> |
| B. | TOTAL GROSS INCOME OF INDIVIDUALS INCLUDED IN BLOCK A. | \$ | _____ |
| C. | TOTAL EXCLUDED INCOME (363.230). | \$ | _____ |
| D. | COUNTABLE GROSS INCOME (LINE B <u>MINUS</u> LINE C). | \$ | ===== |
| E. | 165% INCOME STANDARD FOR HOUSEHOLD SIZE INDICATED IN BLOCK A.
(SEE 106 CMR: 364.975) | \$ | _____ |

CALCULATION WORKSPACE:

II.

CHECK ONE:

- ☐ LINE D IS EQUAL TO OR LESS THAN LINE E.
SEPARATE HOUSEHOLD STATUS CAN BE ALLOWED.
- ☐ LINE D IS GREATER THAN LINE E.
SEPARATE HOUSEHOLD STATUS CANNOT BE ALLOWED.

ELIGIBILITY WORKER'S SIGNATURE

DATE

FSPM XVII
AP-83-70.
11/28/83

CYCLICAL MONTHS

Last Digit of SSN	Cyclical Month Begins On This Date	Cyclical Month Ends On This Date in the Following Month	NPA's "Apply by Date" in Last Cyclical Month of Their Certification Period
0	1	*	15
1	2	1	16
2	4	3	18
3	5	4	19
4	7	6	21
5	8	7	22
6	10	9	24
7	11	10	25
8	13	12	27
9	14	13	28

* Zero's cyclical month is the calendar month. The first day of their cyclical month is the first of the calendar month. The last day is the last date of the calendar month.

FOOD STAMP PROCEDURAL MEMO XVIII

MONTHLY REPORTING AND RETROSPECTIVE BUDGETING FOR
PUBLIC ASSISTANCE FOOD STAMP PROGRAM CASES

1.0 Introduction

This FSPM (Food Stamp Procedural Memo) contains the procedures involved in the Food Stamp Program Monthly Reporting and Retrospective Budgeting (FSP-MRRB) System for public assistance (PA) cases. Policy on which these procedures are based is contained in Chapter 368 of the FSP manual.

This FSPM is not meant to be a comprehensive discussion of the MRRB system. Part III of the AFDC Worker Handbook and Sections 302.900 et seq. of the AFDC Manual and the Systems Manual also discuss MRRB. This FSPM is a companion to the above documents and discusses only those aspects of MRRB which have to do with FSP.

Although both Refugee Resettlement Program (RRP) and AFDC assistance units may be subject to AFDC-MRRB, this FSPM will refer to all assistance units subject to AFDC-MRRB as AFDC assistance units.

Retrospective Budgeting is the calculation of benefits based upon past income factors. Monthly Reporting is the requirement that a household report monthly on its circumstances on a form provided by the Department. Retrospective Budgeting and Monthly Reporting (MRRB) together represent a system conceived to increase the accuracy of cases with income. Fewer benefit errors would occur by looking back to consider income actually received, than by basing benefits on anticipated income.

Unless otherwise specified in this FSPM, the procedures contained in other FSPM's also apply to households subject to FSP-MRRB. In addition, unless otherwise specified in Chapter 368 of the FSP Manual, other chapters of the FSP Manual apply to households subject to FSP-MRRB.

This FSPM is divided into several parts discussing the following topics: who is subject to FSP-MRRB, FSP-MRRB concepts, what is reported, deadlines for reporting, changes reported outside the Monthly Report (MR), and other considerations in FSP-MRRB.

2.0 Households Subject to FSP-MRRB

An FSP household, classified as a PA-FSP household in accordance with Section 365.110, is subject to FSP-MRRB, if it is subject to AFDC-MRRB in accordance with Section 302.900 et seq. of the AFDC Manual and Part III of the AFDC Worker Handbook. Determining that an AFDC case is no longer subject to AFDC-MRRB results in the case no longer being subject to FSP-MRRB. Procedures for placing a case on, and removing a case from AFDC-MRRB are discussed in Part III of the AFDC Worker Handbook and Chapter 2 of the Systems Manual.

Because being subject to FSP-MRRB depends on the household's classification as a public assistance food stamp household, certain AFDC cases subject to AFDC-MRRB and classified as non-public assistance households are not subject to FSP-MRRB. These cases are on monthly reporting for AFDC but not for FSP.

Certain types of cases exempt from FSP-MRRB must be removed from MRRB. These are:

1. Migrant farmworker households while they are in the migrant job stream.
2. Households without earned income, each of whose adult members are either elderly or disabled.
3. Households unable to fill out and file monthly reports because of illiteracy, physical or mental incapacity, or monolingual limitations other than English and Spanish.

A discussion of types of cases exempt from, or not subject to AFDC-MRRB is contained in the AFDC Worker Handbook.

3.0 FSP-MRRB Concepts

Certain concepts are basic to FSP-MRRB and are discussed below. These are budget month, report month, payment month, prospective budgeting, retrospective budgeting, and prospective eligibility.

3.1 Budget Month, Report Month, Payment Month

FSP-MRRB involves three consecutive cyclical months as does AFDC-MRRB. Cyclical months are determined by the last digit of the head-of-household's Social Security number or facsimile number in accordance with FSPM XVII. On the date the household receives its ATP (and the first of its two AFDC checks) for the cyclical month, it receives a Monthly Report (Attachment A).

The budget month has a special type of definition. Even though the report month and the payment month are, in fact, months, the budget month is a series of weeks. The budget month is defined as those Sunday-to-Saturday weeks whose Saturdays fall in the month prior to the household's report month.

A household's budget month income may increase when the budget month contains five rather than four weeks. In some cases, this increase may cause the household to be ineligible for FSP in the payment month while becoming eligible again in the following payment month. To prevent such a case from being terminated and having to reapply, the FSP case is calculated on the basis of four weeks. If the case is eligible, it is suspended and will receive a MR the next month.

The month in which the household receives the Monthly Report (MR) is called the report month or second month of three in the sequence for MRRB. Non-income information and verifications provided on the MR reflect the household's current and anticipated circumstances.

The payment month, the third sequential month, is when benefits are received for information and verifications provided in the MR.

3.2 Prospective Budgeting

As in AFDC-MRRB, prospective budgeting is the calculation of benefits based on current and anticipated circumstances without regard to any past circumstances.

When a factor is budgeted prospectively, and benefits are being decreased or terminated, notice of adverse action requirements must be met before the benefits are reduced or terminated. The MRRB system mails appropriate notices automatically and has been developed to meet the notice of adverse action requirements.

3.3 Retrospective Budgeting

As in AFDC-MRRB, retrospective budgeting is the calculation of benefits based on income factors which existed in the budget month.

When an income factor is budgeted retrospectively, the FSP-MRRB notification requirements of Section 368.020 must be met. The Department must notify the household of a change or termination of benefits no later than the day the benefits are to be received or in place of the benefits if the benefits are to be terminated. The MRRB system mails appropriate notices automatically and has been developed to meet these notice requirements.

The income factors which AFDC-MRRB budgets retrospectively are also budgeted retrospectively for FSP-MRRB. These income factors are: earned income, including tips, received during the budget month; unearned income received during the budget month; and dependent care paid during the budget month. Because the PA grant is considered income in FSP, FSP-MRRB must also consider the AFDC grant as income. Rather than budgeting the AFDC grant received in the budget month as income retrospectively, the MRRB system automatically considers, for FSP, the AFDC grant to be received in the payment month. Where a PA-FSP household contains another PA assistance unit, the PA-FSP household must report the most recent PA grant the other unit has received.

At the same time that AFDC-MRRB and FSP-MRRB budget income factors retrospectively, both programs budget all other factors prospectively. When a non-income factor is budgeted prospectively in the calculation of benefits, and benefits are being decreased or terminated because of a non-income factor, notice of adverse action requirements must be met before benefits are reduced or terminated. The MRRB system has been developed to distinguish prospective factors from retrospective factors and to mail appropriate notices automatically.

3.4 Where to Apply Prospective Budgeting and Retrospective Budgeting

FSP-MRRB budgets prospectively where AFDC-MRRB does. FSP-MRRB budgets retrospectively where AFDC-MRRB does. For a complete discussion of where to apply prospective and retrospective budgeting, see Part III of the AFDC Worker Handbook. AFDC-MRRB budgets retrospectively in most instances. The instances where AFDC-MRRB budgets prospectively are new applications (see Section 3111), and some reapplications (see Section 3131).

3.5 Prospective Eligibility

Prospective eligibility is the determination of eligibility on the basis of current and anticipated circumstances. It applies at all times to both AFDC-MRRB and FSP-MRRB. As long as the household remains eligible prospectively, the household's benefits are budgeted either prospectively or retrospectively in accordance with Section 3.4 above. When a change in circumstances makes the household ineligible for a program, action to terminate benefits is taken immediately rather than waiting to effect the change in the payment month. Tests for prospective eligibility are worker initiated and performed manually.

4.0 What Is Reported

Because MRRB is one system and issues a single MR for both AFDC-MRRB and FSP-MRRB and because of the differences between the two programs, some of the information and verification on the MR applies to only one program. This section discusses only that information and verification on the MR relating to FSP-MRRB. For discussion of the information and verification on the MR relating to AFDC-MRRB, see Part III of the AFDC Worker Handbook.

At times, the MR is considered incomplete or inadequate as discussed below. If a MR contains characteristics making it appear both incomplete and inadequate, the report is considered incomplete. See Section 5.0 below for discussion of the significance of an incomplete MR and an inadequate MR.

4.1 Budget Month Earned Income

The earned income section of the MR requires that the household report information and verification concerning earnings received in the budget month and dependent care expenses paid in the budget month.

If the household reports that the working person terminated work during the budget month, any income received in the budget month from that source is disregarded.

- When the necessary information and verification is provided, it is used to determine the household's eligibility and benefit level.

- . When all the necessary information and verification is not provided, the MR is incomplete, and the system mails the household a correction notice requesting it to make the MR complete. The MR remains incomplete for FSP until the household provides the information and verification necessary for FSP. All the income information and verification requested on the monthly report is required for FSP except the number of hours worked and specifying whether the working person is a stepparent.
- . When an MR, coded 08 by the MR screener, contains all the earned income information/verification required for the AFDC Program, except the number of hours worked and/or whether the earner is a stepparent, the worker must insure that the Food Stamp Benefits continue in accordance with the following procedures:
 1. Prior to the 20th day of the MR cycle, the second filing deadline, the code 08 must be removed from the Daily Caseload Report with an Action/Removal Form.
 2. The earned income must be entered in the Earned Income/FS Only blocks of the MRW, Section I. This income must not be entered in any other blocks of Section I.
 3. A TD showing an E-4 transaction with Action Reason 59, and a "T" change entry with code 8 in block 37 must be submitted with the MRW.

The MRW and TD must be submitted between the 20th day of the MR cycle and the DETD date, to insure that the Food Stamps will continue through the end of the household certification period.

If the household completes the MR for AFDC by the DETD, the worker must remove these transactions from the Cases Pending Report with an Action/Removal Form.

4.2 Budget Month Unearned Income

The unearned income section of the MR requires that the household report information about unearned income, self-employment income and rental income received in the budget month. If this income is new or has changed, the household must send proof of the new amount.

- . When the required information and verification is provided, the budget month unearned income is used to determine the household's eligibility and benefit level.

- . When all the required information and verification is not provided, the MR is inadequate and the system mails the household a correction notice requesting it to make the report adequate. The MR remains inadequate until the household provides the information and verification.

4.3 Assets

The MR requires that the household report whether the current assets of the household exceed \$1000. (The word "assets" is interchangeable with the word "resources", used in FSP.)

- . When the household has not responded to this question, the MR is inadequate and the system mails the household a correction notice requesting it to make the MR adequate. The MR remains inadequate until the household responds or benefits are diverted.
- . When the household's response is no; no further action on the asset section is necessary.
- . When the household's response is yes, the case is no longer eligible for AFDC. The worker must follow the Dever procedures in Food Stamp Procedural Memo IV.

4.4 Existing Household Members

The MR requires the household to report that the individuals listed as household members are still in the home.

- . When the household has not responded to this question for any household member, the MR is inadequate and the system mails the household a correction notice requesting it to make the MR adequate. The MR remains inadequate until the household responds or until benefits are diverted.
- . When the household responds concerning each household member, this information is used to determine the household's eligibility and benefit level.
- . When the household responds that a household member is no longer in the home, that household member must be removed from the household and the household's eligibility and benefit level must be determined.

4.5 AFDC Dependent Status

The MR question regarding AFDC dependent status which is required for AFDC indirectly affects FSP eligibility and benefit level. For each AFDC dependent over 15 years old, the household must report whether (s)he is still in school or in the Employment and Training program. If the question is not answered, the MR is inadequate for AFDC-MRRB.

and the system cannot determine AFDC eligibility and grant amount. Because of this, the AFDC check is diverted. In most cases, the household provides the information in a timely fashion and, in most cases, the information indicates that the dependent is still in school or in the Employment and Training program.

- When the household provides the information, FSP eligibility and benefit level is determined.
- When the household does not provide the information, the system mails the household a correction notice requesting this information. The MR is inadequate for FSP until the 20th day after the original MR was mailed. The MR is considered adequate on the 20th day because FSP-MRRB benefits cannot be delayed for lack of response on an AFDC-MRRB question. FSP eligibility and benefit level is determined by using the AFDC grant amount resulting from the dependent continuing in the assistance unit. Lost benefits are to be provided to the FSP household if subsequently received information results in a lower AFDC grant amount because the dependent was removed from the AFDC assistance unit.

If removing the household member results in the case being reclassified as NPA-FSP, the Dever procedures in Section 4830 of the AFDC Worker Handbook must be followed.

4.6 Individuals Who Move In

The MR asks whether anyone has moved into the home.

- When the household does not respond to this question, or, if the household's response is no, no further action on new household members is necessary.
- When the household's response is yes, the worker must determine whether (s)he has enough information to determine whether the individual who moved in should be included in the FSP household in accordance with Section 368.200 of the FSP Manual. If the worker does not have sufficient information (s)he must obtain sufficient information before (s)he adds the individual to the FSP household.

When the individual is to be added, the worker must mail the household a Social Security Number Disclosure Letter (Attachment B). Care must be taken to ensure that all AFDC factors have been met, before the individual is added to the AFDC assistance unit and that all FSP factors have been met before (s)he is added to the FSP household.

When the addition of the individual results in the case being reclassified as NPA-FSP, the Dever procedures Food Stamp Procedural Memo IV must be followed.

The effective date of the addition of a new member differs between AFDC and FSP. In AFDC, the member is added effective the member's date of birth or the date the new household member was reported in accordance with Section 3150 of the AFDC Worker Handbook. In FSP, the new member is added effective the month after the month the new member was reported in accordance with Section 366.120 of the FSP Manual. If the new member was reported after the date the next month's ATP was released, a supplement must be provided.

4.7 Rent or Mortgage Expenses, and Utility Expenses

When the household moves, the MR requires the household to report enough information to determine the shelter deduction.

- When a household moves and has provided this information, the information is used to determine eligibility and benefit level.
- When a household moves and has not provided this information, the system mails the household a correction notice requesting this information.

If the information is not provided by the time the payment month ATP is released, the household's eligibility and benefit level is determined with the shelter deduction as zero for the payment month. The shelter deduction remains zero for the payment month. Restored benefits and supplements do not apply to the payment month if the household provides the information after the ATP has been released.

When the household provides this information after the ATP has been released, the information is used to determine eligibility and benefit level for months subsequent to the payment month.

The MR also allows the household who has not moved to report increases in shelter expenses.

- When a household has not moved and has not provided this information, previous information about the household's shelter expenses is used to determine eligibility and benefit level.
- When a household has not moved and has reported an increase in rent or mortgage, the new amount is used to determine eligibility and benefit level unless verification is required. If verification is required, verification must be provided before the increased rent is used.
- When the household reports that utility expenses have increased and the increased utility expenses will increase benefits, the worker must request sufficient information to determine the new utility deduction as well as verification of the amount of actual utility expenses, if the household's actual expenses are in excess of the Standard Utility Allowance.

The worker must keep in mind whether the household is allowed to switch between a Standard Utility Allowance and its actual expenses.

- When the necessary information and verification is not received by the date the ATP is released, previous information about the household's utility expenses is used to determine eligibility and benefit level.
- When necessary information and verification is received by the date the ATP is released, the new information and verification is used to determine eligibility and benefit level.

4.8 Medical Expenses

The MR asks the household to report whether the medical expenses of a household member who is 60 or over, or disabled, have changed by more than \$25.00. If an increase of \$25.00 has been reported, the MR requires that verification of medical expenses be submitted.

- When the household does not respond to this question, or, when the household's response is no, previous information about the household's medical expenses is used to determine eligibility and benefit level.
- When the household's response is yes and verification has not been submitted, the worker must request the verification.
- - When the verification is not received by the date the ATP is released, previous information about the household's medical expenses is used to determine eligibility and benefit level.
 - When the verification is received by the date the ATP is released, the new information and verification is used to determine eligibility and benefit level.
- When the necessary information and verification is received by the date the ATP is released, the new information and verification is used to determine eligibility and benefit level.

4.9 Changes Expected Within The Next Thirty Days

The MR asks the household to report whether it expects changes during the next thirty days in any of the information provided. The household must report sufficient information about the changes to determine eligibility and benefit level.

- When the household does not respond to this question, eligibility and benefit level will be determined with the assumption that no changes are expected.
- When the household responds to this question and provides sufficient information about the changes, eligibility and benefit level will be determined using the new information.

- . When the household responds to this question and does not provide sufficient information about the changes, the worker must make an eligibility determination based on the information provided.

4.10 Other Information

When the household reports that the name of the head of household has changed, the worker must change the case name.

When the household reports that the address of the household has changed, the worker must change the case address.

When the household reports any other information affecting the household's eligibility and benefit level, the worker must take action on the information and verification.

4.11 Lack of Signature

If the household fails to sign the MR, a copy of the MR is made and the original is returned to the household for signature. The MR is considered inadequate until the household signs and returns the completed MR or until benefits are diverted.

4.12 Returned Mail

If mail to the household has returned and the household has failed to provide the Department with another address, the worker must terminate benefits.

5.0 Deadlines for Reporting

When a household has returned the complete MR within ten days of the date it was originally mailed, the worker determines eligibility and benefit level for FSP.

When a household has not returned the MR within ten days a second MR is mailed. If a household has returned the MR incomplete or inadequate for FSP or fails to return a MR, the Department takes the same type of actions it takes when the MR is missing, incomplete or inadequate for AFDC in accordance with Section 3121 of the AFDC Worker Handbook.

These actions include mailing correction notices, diversion notices and termination notices, as well as diverting or terminating benefits and reinstating benefits. The definitions of an incomplete report or an inadequate report may be defined differently in AFDC-MRRB and FSP-MRRB, but when a report has been defined as incomplete or inadequate for FSP-MRRB, the Department's notification, diversion, termination and reinstatement processes are the same as for AFDC-MRRB.

Under certain circumstances, AFDC-MRRB requires the assistance unit to submit a second MR for the current report month, if the MR is untimely. Whenever AFDC-MRRB requires a second MR, FSP-MRRB also requires one.

Good cause provisions do not apply to FSP-MRRB as they do in AFDC-MRRB. In AFDC-MRRB, good cause provisions allow an assistance unit to have its eligibility and payment month's benefits determined without penalty if the assistance unit fails to provide a missing or incomplete report after the first payment month check has been released. The penalty is that certain work-related disregards do not apply. Because no such penalty exists in FSP-MRRB, good cause provisions are not necessary.

6.0 Changes Reported Outside the MR

The type of action necessary as a result of a change reported outside the MR depends on whether the change is in an income factor (earned income, unearned income, and dependent care) or a non-income factor (all other factors). Because income factors are considered retrospectively, they are applied in the payment month corresponding to the budget month in which they occurred. Because non-income factors are considered prospectively, they must be acted upon as soon as they are reported in accordance with prospective notification requirements.

6.1 Income Factors

When a household reports a decrease in earned income, a termination or decrease in unearned income, or new or increased dependent care expenses, the household must be informed to include the information on the MR for the budget month in which the change occurred.

When a household reports that a source of earned income has terminated, the household must be informed to include the information on the MR for the budget month in which the change occurred. The MR has a specific question about the termination of earned income. If earned income has stopped during a budget month, none of the income received from that source during the budget month is considered when determining the household's eligibility and benefit level for the corresponding payment month.

When a household reports new or increased income, decreased dependent care expenses or that it no longer pays dependent care expenses, prospective eligibility test must be performed in accordance with Section 3218 of the AFDC Worker Handbook.

6.2 Non-Income Factors

When a household reports a change in a non-income factor (factors other than the income factors discussed above), the Department does not inform the household to include the change on the MR. The Department must act on the change as soon as it is reported. Notice of adverse action requirements must be met before benefits are reduced or terminated.

7.0 Other Considerations in FSP-MRRB

7.1 Recertifications

The FSP-MRRB recertification process is the same as the non-FSP-MRRB recertification process except that obtaining verifications regarding income factors is not required because the household is verifying these factors monthly on the MR.

The AFDC-MRRB redetermination process requires that income must be verified when the household states that the income of a member of the assistance unit has increased by \$15 or more per week, or the number of hours worked by a member of the assistance unit has increased by five or more hours per week in the last three weeks. Because the AFDC redetermination and the FSP verification occur at the same time, a prospective eligibility test in accordance with Section 3.5 is also performed for FSP-MRRB as a result of the verifications provided for AFDC-MRRB.

7.2 Lost Benefits

Policy in Section 366.450, et seq., and procedures in FSPM VII concerning the restoration and offsetting of lost benefits apply in FSP-MRRB. Lost benefits are restored under specific circumstances set forth in the above-mentioned documents. If these circumstances occur in FSP-MRRB, lost benefits are to be restored.

Not included in the set of specific circumstances under which lost benefits can be restored is the untimely provision of information and verification by the household in the FSP-MRRB process. When the lack of certain information and verification makes the MR incomplete or inadequate in FSP-MRRB, benefits are diverted or terminated until all the information and verification is provided so that a proper determination of eligibility and benefit level can be made. The lack of other information and verification, however, does not prevent the determination of eligibility and benefit level. Eligibility and benefit level are determined on the basis of information provided. For example, when a household with an elderly or disabled member fails to verify his or her increased medical expenses, the previous medical deduction is used. If the household provides the verification after the ATP release date, any increase in the payment month benefits which the household may have realized is no longer allowed. Benefits could, however, be increased effective the month after the payment month.

7.3 Supplements

Policy in Section 366.120(A) and procedures in FSPM II allow the issuance of supplements when four specific types of changes are reported during the certification period. Whether these supplements are allowed in FSP-MRRB depends on whether the change is in an income factor or a non-income factor. What follows is a discussion of these four types of changes in FSP-MRRB.

7.3.1 The Change Results in Full Coupon Allotment

When the change increases the household coupon allotment to the full coupon allotment and the change is in an income factor (earned income, unearned income and dependent care expenses), no supplement is allowed because changes in income factors are budgeted retrospectively in accordance with Section 6.1, if the change is reported outside the MR, or in accordance with Sections 4.1 and 4.2, if the change is reported on the MR.

When the change is in a non-income factor, a supplement is allowed in accordance with FSPM II because changes in non-income factors are budgeted prospectively.

7.3.2 The Change Is The Addition of a Household Member

When a household reports the addition of a new household member and the necessary information and verification is provided, the new household member is added to the household effective the month after the new household member is reported.

- . If the increase is key entered on or before the release date of the next month's ATP, no supplement is necessary because the new household member will be added effective the month after the new household member is reported.
- . If the increase is key entered after the release date, a supplement is necessary in accordance with FSPM II in order to add the new household member effective the month after the new household member is reported.

7.3.3 The Change Is A Decrease in Gross Monthly Income of At Least \$50

When the change resulting in increasing the household's coupon allotment is that the household's gross income has decreased by at least \$50, no supplement is allowed because changes in income factors are budgeted retrospectively in accordance with Section 6.1, if the change is reported outside the MR, or, Sections 4.1 and 4.2, if the change is reported on the MR.

7.3.4 Other Changes

When the change increases the household coupon allotment to a coupon allotment less than the full coupon allotment and the change is in an income factor, no supplement is allowed because changes in income factors are budgeted retrospectively in accordance with Section 6.1, if the change is reported outside the MR, or, Sections 4.1 and 4.2, if the change is reported on the MR.

When the change is in a non-income factor, a supplement is allowed in accordance with FSPM II because changes in non-income factors are budgeted prospectively.

7.4 Applications and Reapplications

The FSP-MRRB joint grant application processing is the same as non-FSP-MRRB joint application processing with the following exceptions. When prospective budgeting applies in AFDC-MRRB, it also applies in FSP-MRRB; when retrospective budgeting applies in AFDC-MRRB, it also applies in FSP-MRRB. When AFDC-MRRB requires the completion of an application form, FSP-MRRB also requires the completion of an application form. When AFDC-MRRB does not require a new application form, FSP-MRRB does not require the completion of an application form.

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE

FSPM-XV111
AP-84-33
Attachment A.p.1

YOUR MONTHLY REPORT... From _____ To _____

YOUR WORKER NUMBER IS _____ Telephone _____

(FOR FURTHER ASSISTANCE CONTACT 1-800-322-1373)

COMPLETE, SIGN, AND RETURN

- This form must be RECEIVED BY your welfare office by _____ or you may not receive a welfare check or Food Stamps next month, or receipt of your check or Food Stamps may be delayed.
- FAILURE TO COMPLETE AND RETURN THIS FORM ON TIME MAY CAUSE YOU TO LOSE YOUR BENEFITS.
- Your WELFARE CHECK and/or FOOD STAMP amount will be based on what you tell us.
- Be sure to ANSWER ALL QUESTIONS.

SECTION 1 — NAME AND ADDRESS

WSO SSN

PHONE

REG CAT

If your name, address, or telephone is
DIFFERENT please FILL OUT.

Name

Address

City

State

Zip

Telephone

IF YOU MOVE, SEND YOUR NEW RENT RECEIPT.

SECTION 2 — PEOPLE COVERED BY YOUR WELFARE CHECK AND/OR FOOD STAMPS

DEP. NO.

NAME

CIRCLE ANSWER

USE SECTION 8 IF YOU NEED MORE SPACE FOR YOUR ANSWERS

SECTION 3 — SHELTER AND UTILITIES

COMPLETE IF YOU RECEIVE FOOD STAMPS

If you have MOVED in the last month you MUST answer the following questions. If not, you may use this section to report increases in your rent, mortgage, or in your utility costs. If these expenses go up you may be eligible for more Food Stamps.

- How much is your rent or mortgage? \$ _____ CIRCLE ANSWER
- Are you responsible for paying heat separate from your rent? YES NO
- Are you responsible for paying any other utilities separate from your rent? YES NO
- Is your telephone your only utility? YES NO
- Do you share the heat or utility expenses with another Food Stamp household? YES NO
- How much do you pay for heat and utility expenses? \$ _____

YOU WILL BE NOTIFIED IF YOU NEED TO SEND PROOF

SECTION 4 — PEOPLE WHO MOVED IN

CIRCLE ANSWER

Did anyone move into your home (including new births) in the last month? YES NO
If YES, fill in these boxes.

Name	Date Moved in	Date of Birth	Relationship to You

Does your Food Stamp household purchase food and prepare meals separately from this person(s)? YES NO

SECTION 5 — MEDICAL EXPENSES

COMPLETE IF YOU RECEIVE FOOD STAMPS.

CIRCLE ANSWER

Did anyone in your Food Stamp household who is 60 years of age or older or who is receiving Social Security Disability (green check), SSI (gold check) or Veterans' Benefits have medical expenses that changed by more than \$25.00 in the last month? YES NO

IF YES, SEND PROOF OF ALL MEDICAL EXPENSES, INCLUDING HEALTH INSURANCE.

SECTION 6 — HEALTH INSURANCE

COMPLETE IF YOU RECEIVE WELFARE CHECKS.

CIRCLE ANSWER

Do you or anyone covered by your welfare check own a health insurance policy? YES NO

If YES, fill in the boxes below if this is a new policy or if the policy has changed in the last month. If NO, or it is not new or changed, go to Section 7.

Name of Policy Owner	Name of Insurance Company	Policy or Cert. Number
Name(s) of Person(s) Covered	Effective Date of Policy	

SECTION 7 — OTHER INCOME AND ASSETS

Did you or anyone on your welfare check and/or Food Stamps or any stepparent living with you receive any of the following income in the last month?

CIRCLE ANSWER

- Social Security (green check)
- SSI (gold check)
- Unemployment Compensation
- Veterans' Benefits
- Insurance Payments
- Income from Former Spouse, Relatives, or Friends
- Child Support:

For Whom? _____

- Workmen's Compensation
- Educational Scholarships and Loans
- Any Other Pensions or Benefits
- Income From Your Own Business
- Rental Income
- Income From Other Self-employment
- Any Other Income:

Type? _____

(Do not report support paid directly to welfare)

If YES, fill in the boxes below

If income is from a stepparent, check box

Name of Person	Kind of Income How Often Received	Gross Amt. for Month Business Expenses
	-----	-----
	-----	-----
	-----	-----

If this is new income or if it changed in the last month, PLEASE SEND PROOF.

Do you and/or anyone on your welfare check or Food Stamps have combined bank accounts, cash on hand, stocks or bonds, automobiles, or other assets totaling more than \$1,000?

CIRCLE ANSWER

YES NO

If YES, what are the total assets for each household member?

Name	Total Assets
_____	\$ _____
_____	\$ _____
_____	\$ _____

IF YOU OR ANYONE INCLUDED ON YOUR WELFARE CHECK OR FOOD STAMPS EXPECT CHANGES WITHIN THE NEXT 30 DAYS TO ANY OF THE INFORMATION YOU PROVIDED, THEN TELL US WHAT WILL CHANGE AND WHEN IN SECTION 8

SECTION 8 — COMMENTS

Use this space if you need to explain any of your answers.

SECTION 9 — INCOME FROM A JOB

CIRCLE ANSWER

Did you or anyone on your welfare check and/or Food Stamps or any stepparent living with you work in the last month?

YES NO

If YES, please send pay stubs RECEIVED during the week of:

Date		Gross Pay Before Deductions	Tips Not Included in Gross Pay	Number of Hours Worked	Child Care Expenses
From	To				
/ / - / /		\$ _____	\$ _____	_____	\$ _____
/ / - / /		\$ _____	\$ _____	_____	\$ _____
/ / - / /		\$ _____	\$ _____	_____	\$ _____
/ / - / /		\$ _____	\$ _____	_____	\$ _____
/ / - / /		\$ _____	\$ _____	_____	\$ _____

Name of Person(s) Working: _____

CIRCLE ANSWER

If there is more than one person working, give the same information for the same dates in Section 8.

Did this person(s) terminate work in this month?

YES NO

Is this person a stepparent?

YES NO

How often is pay received (week, etc.)?

How often is child care paid (week, etc.)?

For each person working, mail ALL _____ with this form. If you cannot get the pay stubs, have the employer write a letter saying how much was earned and how many hours were worked.

If the person(s) who worked did not receive any income during any of the weeks within the dates above, write "NONE" under "Gross Pay Before Deductions" and explain in Section 8.

SEND PROOF OF CHILD CARE EXPENSES.

READ AND SIGN

I UNDERSTAND THAT MY WELFARE CHECK, AFDC BENEFITS AND/OR FOOD STAMPS MAY CHANGE OR STOP BECAUSE OF THE INFORMATION GIVEN BY ME ON THIS FORM.

IF I DISAGREE WITH ANY ACTIONS TAKEN AS A RESULT OF INFORMATION PROVIDED BY ME ON THIS FORM, I HAVE THE RIGHT TO A FAIR HEARING.

ANY MEMBER OF YOUR HOUSEHOLD WHO INTENTIONALLY BREAKS ANY OF THE RULES OF THE FOOD STAMP PROGRAM CAN BE BARRED FROM THE PROGRAM FOR 6 MONTHS AFTER THE FIRST VIOLATION, 12 MONTHS AFTER THE SECOND VIOLATION, AND PERMANENTLY FOR THE THIRD VIOLATION. THE INDIVIDUAL CAN ALSO BE FINED UP TO \$18,000, IMPRISONED UP TO 5 YEARS, OR BOTH. A COURT CAN ALSO BAR AN INDIVIDUAL FOR AN ADDITIONAL 18 MONTHS FROM THE FOOD STAMP PROGRAM. THE INDIVIDUAL MAY ALSO BE SUBJECT TO FURTHER PROSECUTION UNDER OTHER APPLICABLE FEDERAL LAWS.

BY SIGNING MY NAME I AM SAYING THAT I UNDERSTAND THAT FEDERAL AND MASSACHUSETTS LAWS PROVIDE FOR FINES AND/OR IMPRISONMENT OF ANYONE WHO FRAUDULENTLY ATTEMPTS TO RECEIVE WELFARE BENEFITS AND/OR FOOD STAMPS TO WHICH THE PERSON IS NOT ENTITLED.

SIGN HERE: _____



The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Welfare

NAME: _____

DATE: _____

ADDRESS: _____

CITY/ZIP: _____

Dear

Your Monthly Report indicated that you have a new household member. The Social Security number of the new member must be provided and verified before he/she participates in the Food Stamp Program. OR, if the new member does not have a Social Security number, you must verify that he/she has applied for a number before the new member participates. Please call the local welfare Office, at the telephone number listed below, to find out how to verify the new household member's Social Security number or how to apply for a Social Security number for the new household member.

Under the provisions of the Food Stamp Act of 1977, as amended, you are required to give us the Social Security numbers for all household members. Social Security numbers are used in the administration of the Food Stamp Program to check the identity of household members, prevent duplicate participation, and assist in making mass changes. The numbers are also used in a computer matching system to compare the information you provide to the Department with information in computer files of banking institutions, State agencies, and Federal agencies.

During the computer matching process all possible precautions shall be taken to ensure the privacy rights of all household members.

If any information you provide is found to be inaccurate, you may be denied food stamps and/or be subject to administrative, civil, or criminal action.

Local Office Address

Local Office Telephone Number

worker

SSNOL

FOOD STAMP PROCEDURAL MEMO XIX
MONTHLY REPORTING AND RETROSPECTIVE BUDGETING
INTERFACE REPORTS FOR NPA

The Monthly Reporting and Retrospective Budgeting (MRRB) System generates seven types of computer reports under specific circumstances when a change occurs in a public assistance (PA) case whose grantee is the head of household of a non-public assistance Food Stamp Program (NPA-FSP) case. Because these PA cases are reporting monthly on their circumstances, in accordance with Part III of the AFDC Worker Handbook, these cases also could be reporting on changes in circumstances which may affect their NPA-FSP cases as well as their PA cases.

All of the reports have the heading "Interface Report-Food Stamp Unit". The seven reports can be distinguished from each other by their own individual code, found in the upper left corner of the report.

This FSPM describes the purpose of each report and the action the NPA-FSP worker must take when (s)he receives one.

87F1

This report lists cases which were established as NPA-FSP cases after their PA cases were closed.

The NPA-FSP worker uses this report for informational purposes.

87F2

This report lists PA cases which are also NPA-FSP households that have transferred to another area/branch office. The report is sent to the new NPA-FSP unit.

The NPA worker must take action to change the Region/WSO on the NPA-FSP case if the change has not already been acted upon.

87F3

This report lists PA cases which are also NPA-FSP cases whose name or address, or both, has changed.

The NPA-FS worker must take action to change the name or address, or both, on the NPA-FSP case if the change had not already been acted upon.

87F4

This report lists PA cases which are also NPA-FSP cases whose grant has changed. It also lists the old grant, the new grant and the effective date of the change.

The NPA-FSP worker must contact the PA worker to determine what change affected the PA grant if the NPA-FSP worker is not already aware of the change. If necessary, the NPA-FSP worker must obtain from the PA worker any additional

information and verification needed to determine FSP eligibility and benefit level.

87F5

This report lists PA cases which are also NPA-FSP cases that have been recently closed, the action reason for the closing, and the effective date.

The NPA-FSP worker must contact the PA worker to determine what change affected the PA grant if the NPA-FSP worker is not already aware of the change. If necessary, the NPA-FSP worker must obtain from the PA worker any additional information and verification needed to determine FSP eligibility and benefit level.

87F6

This report lists PA cases which are also NPA-FSP cases reopened within thirty days of the effective date of the closing. This report includes prior close date, the reopen date, and the PA grant amount.

The NPA-FSP worker must contact the PA worker to determine what affect the PA case has on FSP benefit and eligibility level.

87F7

This report lists new PA cases.

The NPA-FSP worker must contact the PA worker to determine what affect the PA case has on FSP benefit and eligibility level.

FOOD STAMP PROCEDURAL MEMO #XX
OVERISSUANCE RECOUPMENT PROCEDURES FOR
UNINTENTIONAL PROGRAM VIOLATIONS

I. INTRODUCTION

The Department shall establish a claim for overissuance against any household that has received more food stamp benefits than it was entitled to receive.

A claim of an Unintentional Program Violation (UPV) may be established due to either an inadvertent household error or to an Agency error which occurred no more than six years prior to the month in which the overissuance was discovered.

An Inadvertent Household Error which results in a claim caused by a misunderstanding or unintended error on the part of the household includes, but is not limited to, instances in which the household:

- . failed to provide correct or complete information at application/recertification or when reporting a change in circumstances;
- . failed to report a change in circumstances (i.e., household size, assets, countable income, medical expenses, shelter expenses); or
- . received food stamp benefits it was not entitled to, pending an appeal which it subsequently lost.

An Agency Error which results in a claim caused by a Department action or failure to act includes, but is not limited to, instances where the Department:

- . failed to take prompt action on a change reported by the household;
- . incorrectly calculated the household's food stamp benefit amount;
- . incorrectly issued duplicate ATP's which the household did not request but subsequently cashed (the reporting of these overissuances is the responsibility of the Food Stamp Accountability Unit);
- . continued to provide food stamp benefits after the household's certification period ended without redetermining eligibility or benefit amount; or
- . failed to reduce the household's food stamp benefits when its public assistance grant changed.

II. FOOD STAMP MANUAL REFERENCE

The policy related to this material is covered in 106 CMR 367.490 through 367.495.

III. LOCAL OFFICE RESPONSIBILITIES

- A. Assure that the Department is properly represented at all fair hearings regarding unintentional program violation claims held in the local office.
- B. Director or designee shall appoint personnel to serve as the food stamp overissuance coordinator for the office and shall submit his/her name(s) to CRU.

The food stamp overissuance coordinator will have the following responsibilities.

1. Assure that all material received from CRU and the Division of Hearings, which is relevant to food stamp overissuance claims, is properly filed in the appropriate case record.
 - a. Relevant material includes, but is not limited to, copies of all notices sent to the household by CRU, copies of the transacted ATP's, a copy of the page in the Photo I.D. unique number register (maintained by each office) which identifies the household's Photo I.D. unique number, appeal requests and graphoanalysis reports, if appropriate. (A copy of the FSP-6 should be in the case folder as it is a local office-generated form.)
2. If the above material has not been received or is incomplete, the coordinator must contact the food stamp overissuance coordinator at CRU (617-727-6056) no later than 3 days prior to the scheduled appeal hearing to request the necessary information. (Any inquiries regarding the Photo I.D. unique number should be referred to the Photo I.D. Unit at 617-727-6066.)
3. If there are any questions regarding a hearing, contact the Division of Hearings at 617-727-6050.

IV. WORKER RESPONSIBILITIES

A. Reporting Overissuances

1. If a worker suspects or discovers that an unintentional program violation overissuance(s) has occurred, (s)he must review the case record and any other pertinent data (i.e., FSP-026 ATP Issuance Reports - Daily and Monthly) to establish that an overissuance has occurred and for what length of time.

All food stamp overissuances for unintentional program violations must be reported to CRU regardless of the amount of the overissuance.

FSPM XX-3

IMPORTANT: If a worker discovers that a household was issued duplicate ATP's, do not report this type of overissuance to CRU or to the Bureau of Special Investigations (BSI). These types of overissuances are reported to either CRU or BSI by the Food Stamp Accountability Unit (FSAU). Any inquiries regarding this type of overissuance should be referred to FSAU at 617-727-7418.

2. Once the overissuance(s) has been discovered, the worker must complete a Food Stamp Claim Determination Form, FSP-6. (See Section V of this FSPM for instructions on how to complete the FSP-6.)
3. If a worker suspects that an overissuance is due to an intentional program violation (IPV) (see 106 CMR 367.525), a fraud referral (RFI-1) should be made to the Bureau of Special Investigations (BSI).
4. Local office staff inquiries regarding an established food stamp overissuance claim are to be directed to CRU at 617-727-6056. All other questions regarding overissuance procedures should be directed to the Hotline.
5. Recipient inquiries regarding an overissuance claim are to be referred to CRU at 1-800-462-2607 (toll free).

B. Calculating the Food Stamp Monthly Allotment

1. Categories 4 and 9 Food Stamp Cases

- a. The Video Display Terminal (VDT) calculation screen must be used to calculate the food stamp monthly allotment, except for the situations listed in b. below.

- 1) The data entry unit or worker enters the appropriate information from the FSP-4A, Automated Food Stamp worksheet, onto the VDT calculation screen.

- 2) The "Enter" key is pressed for display of the answer screen. If a claim is being recouped through benefit reduction, the answer screen will show two bonus value amounts:

- . the (actual) bonus value (which appears in the usual space);

and

- . the adjusted (adj) bonus value (which incorporates the benefit reduction and appears at the bottom of the answer screen).

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The bottom of the answer screen will also display:

- . the reduction amount (recoup amt) - the amount by which the household's monthly allotment is being reduced by CKU; and
 - . the claims code (recoup type) - the code indicating the repayment method.
- 3) The adjusted bonus value is recorded on the FSP-4A in an additional block at the bottom entitled, "Adjusted Bonus Value Due to Recovery of Claim," and on the worker-generated notification letter to the household.
 - 4) The actual bonus value is entered in block 41 of the turn-around document (TU).
- b. The following are situations which require manual calculation of the monthly allotment:
- . a household has self-employment income;
 - . a household has earned income from more than one source or household member(s); or
 - . an appeal is filed and an explanation of the calculation is required for the appeal.

The following steps must be taken when a household's monthly allotment requires manual calculation and a claim is being recouped by CKU through benefit reduction.

- 1) Use the FSP-4, Food Stamp Program worksheet, to show all calculations, including how the worker computed the adjusted bonus value using the information below.
- 2) Refer to the X-A Section of the TU for the claim information needed. If the TU is not current, the worker must contact CKU to determine if the household is still repaying a claim; what method of repayment is being used; what amount is being deducted from its monthly allotment; and whether an appeal has been filed. (In the future, this information may also be obtained from the CILS Inquiry System on the VUT "B" Screen and on the HKS Inquiry screen.)
 - . The space next to block 103 contains the reduction amount (the amount by which the household's monthly allotment is being reduced).
 - . block 103 contains the claim status code.
 - An "H" in this block indicates that an appeal regarding a claim has been filed and a hearing is pending and, that due to this appeal, the household's monthly allotment is not being reduced by CKU for recoupment of a claim.

- Block 109 contains the claims code. There are only three claims codes of which the worker needs to be aware.
 - Code "S" - indicates that the household's monthly allotment is being system-reduced at an imposed amount of \$10 or 10% of its monthly allotment, whichever is greater.
 - Code "A" - indicates that the household and the Department have agreed upon a certain amount chosen by the household to be deducted from the household's monthly allotment.
 - Code "F" - indicates that the claim being recouped is in its final payment month. (This is not a repayment method code.)

NOTE: When manually calculating the monthly allotment, the worker must contact CRU to determine the month in which the final payment will be made and the amount of the final payment.

- 3) If the claims code is "S", multiply the monthly allotment by 10%. If that amount is more than \$10, deduct that amount from the monthly allotment to find the adjusted bonus value. If 10% of the monthly allotment is less than \$10, deduct \$10 from the monthly allotment to find the adjusted bonus value.

Examples:

	\$12 is greater than \$10, so \$12 is the reduction amount.
a) \$120 Monthly Allotment	\$120 Monthly Allotment
x .10	- 12 Reduction Amount
\$ 12 Reduction Amount	\$108 Adjusted Bonus Value

	\$10 is greater than \$4, so \$10 is the reduction amount.
b) \$40 Monthly Allotment	\$40 Monthly Allotment
x .10	- 10 Reduction Amount
\$ 4 Reduction Amount	\$30 Adjusted Bonus Value

- 4) If the claims code is "A", which indicates that the household and the Department have agreed upon an amount to be deducted, deduct the amount in the space next to Block 108, that is, the agreed upon amount, from the monthly allotment to find the adjusted bonus value.

Example: \$100 Monthly Allotment
 -20 "A" Reduction Amount
 \$ 80 Adjusted Bonus Value

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- 5) For households whose monthly allotment is \$10 or less, the benefit reduction amount will be the same amount as the monthly allotment; therefore, the monthly allotment will be reduced to zero. The zero amount will be the adjusted bonus value.
- 6) The adjusted bonus value is recorded on the FSP-4 and on the worker-generated notification letter to the household.
- 7) The actual bonus value is entered in Block 41 of the TU.
- 8) For households who have filed an appeal regarding a claim against them and an "H" appears in Block 108, an adjusted bonus value does not apply. Since CRU is not deducting a reduction amount from the household's monthly allotment to repay a claim, the actual bonus value applies until a fair hearing decision is rendered.

2. Categories U and 2 Food Stamp Cases

- a. The food stamp monthly allotment of Monthly Reporting System (MRS) cases (categories U and 2) will continue to be calculated by the Monthly Reporting System.
- b. These cases will receive a worker-generated notice.
 - 1) The notice will show on the calculation side the actual and adjusted bonus values and the reduction amount.
 - 2) Notices are sent to households only when a change in the monthly allotment occurs.

C. Offsetting of Lost benefits to Nonparticipating (Closed Case) Households

1. Contact CRU prior to issuing lost benefits owed to nonparticipating households to determine whether there is a claim against the household.
2. Only lost benefits owed to nonparticipating households are manually offset. These lost benefits are issued in an LTC-ATP.
3. Follow the procedures outlined in FSPM VII, Restoration and Offsetting of Lost benefits, and use the FSNL-7, Notice of Food Stamp Benefits That May Be Owed to You, to correctly offset and issue lost benefits owed to nonparticipating households.

NOTE: If an appeal has been filed regarding a claim, lost benefits cannot be offset until a fair hearing decision is rendered.

D. Representing the Department at Fair Hearings on Unintentional Program Violation Claims

1. Review all relevant material regarding the claim or claims which have been appealed. Relevant material includes, but is not limited to:
 - . copies of all notices sent to the household by CRU;
 - . copies of the transacted ATP's, if any;
 - . copy of the appeal request;
 - . copies of graphoanalysis reports, if any; and
 - . copy of the FSP-6, Claim Determination Form.
2. Contact the designated food stamp overissuance coordinator in the local office if any necessary documentation is missing or incomplete. If there are any questions regarding the material or the validity of the Department's claim, contact the food stamp overissuance coordinator at CRU (617-727-6056) prior to the scheduled hearing date.
3. Reinstate benefits to those households who timely appeal the reduction in their benefits to repay an overissuance when the appeal did not prevent the benefit reduction from occurring. CRU will notify the local office of those households who must have their benefits reinstated.
 - . Use Code V-6 in Block 51 of the TD to reinstate benefits owed.
 - . Reinstated benefits are not lost benefits and, therefore, cannot be offset.

V. FORMS INSTRUCTIONS

A. FSP-6 (Food Stamp Claim Determination Form)

1. A FSP-6 must be completed for each overissuance, regardless of the amount, which occurred no more than six years prior to the month in which the overissuance was discovered.
2. Complete all sections, including the identifying information at the top of the form.
3. Section I
 - . Check one box to indicate whether the overissuance was caused by an inadvertent household error or Agency error.
4. Section II
 - . Check only one box under A or B to explain how the overissuance occurred. (Other boxes may need to be checked as indicated on form.)

5. Section III

- . Indicate how the total amount of the overissuance was calculated and the period of time in which it occurred.
- . The form must be dated and contain the signatures and phone numbers of the worker and the supervisor.

6. Distribution

- . Send original to:

Centralized Recoupment Unit
Department of Public Welfare
600 Washington Street
Boston, MA 02111

- . Place one copy in case record.

B. FSP-4A (Automated Food Stamp Worksheet)

1. A FSP-4A must be completed when using the VDT calculation screen.
2. Complete all appropriate sections except Section IV. (This section is completed by the VDT operator.)
 - . A new block, entitled, "Adjusted Bonus Value Due to Recovery of Claim," has been added to Section IV. The adjusted bonus value (which incorporates the benefit reduction) is recorded in this block.

- C. All notification letters (for categories 4 and 9 food stamp cases) which are worker-generated and which notify the household of its current benefit amount must have the household's adjusted bonus value recorded on them.

VI. TD INSTRUCTIONS/INFORMATION

A. Block 41

1. Record the actual bonus value (does not reflect benefit reduction) in this block.

B. X-A Section (FOR INFORMATION ONLY - DO NOT ENTER DATA IN THIS SECTION)

1. The space next to Block 108 contains the reduction amount (the amount by which the household's monthly allotment is being reduced to repay an overissuance).
2. Block 108 contains the claims status code.
 - . "H" - indicates that an appeal has been filed regarding a claim and a hearing is pending and, that due to this appeal, the household's monthly allotment is not being reduced by CRU for recoupment of a claim.

3. Block 109 contains the claims code indicating how repayment of a claim is being made.

- . "S" - System (The household's monthly allotment is being system-reduced at an imposed amount of \$10 or 10% of its monthly allotment, whichever is greater.)
- . "A" - Agreement (The household and the Department have agreed upon a certain amount chosen by the household to be deducted from the household's monthly allotment.)
- . "C" - Cash (The household mails cash payments directly to CRU.)
- . "K" - Coupon (The household mails food stamps directly to CRU.)
- . "F" - Final Payment (The claim being recouped is in its final payment month. This is not a repayment method code.)

NOTE: "C" and "K" codes are mentioned here for informational purposes only.

VII. STATISTICAL REQUIREMENTS

None are required.

FOOD STAMP PROCEDURAL MEMO XXI
MONTHLY REPORTING AND RETROSPECTIVE BUDGETING FOR
NON-PUBLIC ASSISTANCE FOOD STAMP PROGRAM HOUSEHOLDS

1.0 Introduction

This FSPM (Food Stamp Procedural Memo) contains the procedures involved in the Non-Public Assistance Monthly Reporting and Retrospective Budgeting (NPA-MRRB) system.

Monthly Reporting is the requirement that a household report monthly on its circumstances on a form provided by the Department. Retrospective budgeting is the calculation of benefits based on income factors which existed in the past. Monthly Reporting and Retrospective Budgeting together represent a system conceived to increase the accuracy of benefits by requiring the household to report frequently on its circumstances and by basing benefits on income actually received rather than anticipated.

NPA-MRRB is a completely manual system except for computer support to identify the households subject to NPA-MRRB each month, and to print information on the monthly report (MR), specific to each household. A Central NPA unit has been established, however, to perform most of the manual activities in the NPA-MRRB process, including mailing the MR's each month, tracking their return, screening them and taking action on missing, incomplete, and inadequate MR's. If an MR is returned complete and adequate and no local office action is necessary the Central NPA Unit will keep the MR. If local office action is indicated, the MR will be forwarded to the local office for action by the NPA worker.

Unless otherwise specified in this FSPM, the procedures contained in other FSPM's except FSPM XVIII also apply to households subject to NPA-MRRB. Policy on which the procedures in this FSPM is based is contained in Chapter 368 of the FSP Manual. Unless otherwise specified there, other Chapters of the FSP Manual apply to households subject to NPA-MRRB.

This FSPM is divided into several parts discussing the following topics: households subject to NPA-MRRB, NPA-MRRB concepts, Central NPA Unit Responsibilities, and Local Office Responsibilities.

2.0 Households Subject to NPA-MRRB

An NPA household is subject to NPA-MRRB if all of the following conditions are true.

- . The household contains more than four members.
- . The household has no earned income.
- . The household can read and write English or Spanish, or both.
- . No mental or physical disability or handicap makes the household unable to report monthly.
- . At least one adult household member is neither elderly nor disabled.

If any one of the above conditions is untrue, the household is exempt from NPA-MRRB.

3.0 NPA-MRRB Concepts

Certain concepts basic to NPA-MRRB are discussed below.

3.1 Budget Month, Report Month and Payment Month

NPA-MRRB involves three consecutive cyclical months: the budget month, the report month and the payment month. Cyclical months are determined by the last digit of the head-of-household's Social Security number or facsimile number in accordance with FSPM XVII. On the date the household receives its ATP for the cyclical month, it receives a Monthly Report (Attachment A in FSPM XVIII).

The budget month, the first of the series of the three consecutive months, has a special type of definition. Even though the report month and the payment month are, in fact, months, the budget month is a series of weeks. The budget month is defined as those Sunday-to-Saturday weeks whose Saturdays fall in the month prior to the household's report month.

The report month, the second of the series of the three consecutive months, is the month in which the Department mails the MR to the household.

The payment month, the third of the series of the three consecutive months, is the month in which benefits are issued, based on the income information and verification on the MR.

3.2 Prospective Budgeting

Prospective budgeting is the calculation of benefits based on current and anticipated circumstances.

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A household subject to NPA-MRRB is budgeted prospectively at application until the Department mails the household its first MR. In addition, the income of a new household member is a prospective factor until the new household member's name appears on the MR the Department sends to the household.

When unearned income received other than on a monthly basis is budgeted prospectively, the income is converted to a monthly amount. For example, if income is received weekly, the average weekly amount is multiplied by 4.333.

When a household is budgeted prospectively and benefits are to be decreased or terminated, advance notice of adverse action requirements must be met before benefits are decreased or terminated.

3.3 Retrospective Budgeting

Retrospective budgeting is the calculation of benefits based on income factors which existed in the budget month. Because an NPA household is not subject to NPA-MRRB if it has earned income, the only factor which can be retrospective in NPA-MRRB is unearned income. Unearned income is a retrospective factor unless the Department has not yet mailed an MR to a household which has just been certified or unless the unearned income belongs to a new household member, whose name has not yet appeared on the MR. Unearned income is a prospective factor in such situations.

When unearned income is budgeted retrospectively, the actual amount of unearned income received in the budget month is used to calculate benefits for the payment month.

Because the PA grant is income in FSP, NPA-MRRB must also consider as income any PA grants any member of the household receives. The NPA-MRRB household must report on the MR the most recent PA grant any member has received.

When a change occurs solely in a retrospective factor, the NPA-MRRB notification requirements of Section 368.020 of the FSP Manual must be met. No advance notice of adverse action is necessary.

3.4 Prospective Eligibility

Prospective eligibility is the determination of eligibility on the basis of current and anticipated circumstances. It applies at all times in all cases. When a change in circumstances makes the household ineligible, action to terminate benefits is taken immediately. Advance notice of adverse action requirements must be met before benefits are terminated.

As long as the household remains eligible prospectively, the household's benefits are budgeted either prospectively in accordance with Section 3.2 or retrospectively in accordance with Section 3.3.

3.5 Missing MR

An MR is considered missing if the Department has not received the MR from the household ten days after it was scheduled to have been received by the household.

3.6 Incomplete MR

An MR is considered incomplete if the household has failed to indicate on the MR whether any household member worked during the budget month. This is the only way an MR is considered incomplete in NPA-MRRB. If the household has indicated that no household member has worked in the budget month, the MR is complete. If the household has indicated that a household member has worked, the household is no longer subject to NPA-MRRB, and the MR is forwarded to the local office for action.

If an MR has characteristics making it appear both incomplete and inadequate as described below, the report is considered incomplete.

3.7 Inadequate MR

An MR is considered inadequate if the MR has any of the following characteristics.

- . Not enough information and verification has been provided by the household to determine whether a change has occurred in the household's unearned income, including information as to whether the household receives unearned income.
- . The household has failed to answer whether its assets exceed \$1000. (The word "assets" is interchangeable with the word "resources" used in FSP.)
- . The household has failed to answer whether one or more household members are still in the household.
- . The household has failed to sign the MR.

If an MR has characteristics making it appear both incomplete and inadequate, the report is considered incomplete.

3.8 Department Effective Termination Date (DETU)

The Department's Effective Termination Date (DETU) is the date by which the Department must make a determination of eligibility and benefit level for the payment month. The DETU is also known as the effective date of the ATP.

3.9 Initial Retrospective Reporting Month (IRRM)

A household's Initial Retrospective Reporting Month (IRRM) is the month in which the household receives an MR for the first time. If a household once subject to NPA-MRRB, is no longer subject to NPA-MRRB, it will not have another IRRM if it again becomes subject to NPA-MRRB in the future. A household will not have an IRRM in the future even if the household's case was closed after having been subject to NPA-MRRB.

If a household is in its IRRM and its report remains missing or incomplete on the DETD, the household's benefits for the payment month are not terminated as they would be if the household is not in its IRRM. Instead, the household's benefits are diverted and later terminated, if the MR continues to be missing or incomplete.

3.10 Diversion

Benefits for the payment month are diverted in the following circumstances:

- . when the MR remains inadequate for twenty days after the first day of the household's report month.
- . when the household is in its IRRM and the MR is missing or is incomplete for twenty days after the first day of the household's report month.

Only the Central NPA Unit diverts benefits. Benefits are diverted by reducing the household's coupon allotment to zero. At the same time, a divert notice (attachment H) is mailed to the household. Copies of the TD diverting benefits and the divert notice are forwarded to the local office. When benefits are diverted, the household receives an MR in the payment month.

If payment-month benefits remain diverted by the DETD in the payment month for the following month, the Central NPA Unit closes the case on the DETD in the payment month for the following month.

If the MR is made adequate, benefits will be provided in accordance with Section 3.11 Provision of Benefits after Diversion.

3.11 Provision of Benefits after Diversion

Diverted payment-month benefits are provided to the household if the household makes the MR adequate and files a current MR within thirty days of the first day of the household's payment month. If the household does not, payment-month benefits are not provided. If the household does not comply with these requirements after thirty days after the first day of the household's payment month, it must make a new application to receive benefits.

The action required to provide payment-month benefits depends on when the household complies with the above requirements, as follows:

1. If the requirements are met on or before the DETD in the report month, action to divert is stopped.
2. If the requirements are met after the DETD in the report month but on or before the DETD in the payment month, benefits for the payment month are provided by increasing the household's coupon allotment from zero to the correct coupon allotment effective the first day of the household's payment month.
3. If the requirements are met after the DETD in the payment month and by thirty days of the first day of the household's payment month, the case must be reopened effective the first day of the month after the payment month. A V-7 transaction must be issued to provide benefits for the payment month.

The actions described above are performed either by the Central NPA Unit or the local office. If the MR indicates no local office action is necessary, the Central NPA Unit will file the MR and notify the local office that diverted benefits have been provided. If the MR indicates local office action is necessary, the Central NPA Unit will forward the MR to the local office. In some cases, the Central NPA Unit will also need to notify the local office by telephone so that the local office can determine what action must be taken and take that action in a timely manner.

3.12 Reinstatement

If a case is to be closed because of a missing or incomplete MR, payment-month benefits are reinstated if the household submits a complete MR and files a current MR within thirty days of the first day of the household's payment month. If it does not, payment-month benefits are not provided. If the household wishes to receive benefits after thirty days after the first day of the household's payment month, it must make a new application.

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The action to reinstate payment-month benefits depends on when the household complies with the above requirements, as follows:

1. If the requirements are met on or before the DETD in the report month, the action to close the case is stopped.
2. If the requirements are met after the DETD in the report month, but on or before the DETD in the payment month, the case must be reopened effective the first day of the household's payment month.
3. If the requirements are met after the DETD in the payment month but by thirty days of the first day of the household's payment month, the case must be reopened effective the first day of the month after the payment month. A V-7 transaction must be issued to provide benefits for the payment month.

The actions described above are performed either by the Central NPA Unit or the local office. If the MR indicates no local office action is necessary, the Central NPA Unit will file the MR and notify the local office that the action has been taken to reinstate benefits. If the MR indicates local office action is necessary, the Central NPA Unit will forward the MR to the local office. In some cases, the Central NPA Unit will also need to notify the local office by telephone so that the local office can determine what action must be taken and take that action in a timely manner.

4.0 Central NPA Unit Responsibilities

4.1 Mailing MR's

The Central NPA Unit will conduct a separate mailing as discussed below, to each of the following three types of NPA households for the first day of their cyclical month (i.e. the day the household is to receive its ATP).

- 4.1.1 To households subject to NPA-MRRB both this month and last month, the Central NPA Unit will mail an MR in English, if block 34 of the TD is A, or an MR in Spanish if it is B. See Attachment A for the complete list of codes used in block 34 for category 9.
- 4.1.2 To households not subject to NPA-MRRB this month, but were subject last month, the Central NPA Unit will mail an OFF NPA-MRRB notice (Attachment B) informing the household that it is no longer subject to NPA-MRRB because of a change in its circumstances.
- 4.1.3 To households subject to NPA-MRRB this month but not last month, the Central NPA Unit will send the following materials.

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- . English MR (See Attachment A of FSPM-XVIII).
- . Spanish MR.
- . Information Sheet in English about NPA-MRRB. See Attachment C.
- . Information Sheet in Spanish about NPA-MRRB. See Attachment D.
- . Reason Notice in English explaining that the reason the household has been sent an MR is that its circumstances have changed (for example, the household size has increased to five, or the household no longer has earned income). See Attachment E.
- . Reason notice in Spanish (on same sheet as English reason notice) explaining that the reason the household has been sent an MR is that its circumstances have changed. It also states that the Department will mail one MR in English to the household next month unless the household informs the Department that it cannot read and write English.
- . Multilanguage Notice requesting the household to inform the Department if the household cannot read and write English or Spanish so that the Department can remove the household from NPA-MRRB. See Attachment F.
- . Prepaid return envelope.

The computer will mail an MR to an NPA household if all of the following conditions are true.

- . Household size (block 40 on the TD) is more than four.
- . The earned income (block 42 on the TD) is zero.
- . Block 34 on the TD is either A or B. See Attachment A for an explanation of codes used in block 34.

The Central NPA Unit will log each MR mailed, to track the MR in the NPA-MRRB process.

4.2 Monitoring the Return of the MR

Once the MR is mailed to the household, the Central NPA Unit will monitor the return of the MR, its completeness and its adequacy. The Central NPA Unit also determines whether local office action is necessary.

4.2.1 Missing MR

If the MR is missing by ten days after the MR was scheduled to have been received by the household, the Central NPA Unit will mail the household another MR, informing the household that its MR is missing and informing the household to return the report within ten days.

If the MR has not been returned by twenty days after the MR was scheduled to have been received by the household, the Central NPA Unit will mail a notice of termination to the household and will take action to terminate payment-month benefits unless the household is in its IRRM. The Central NPA Unit will forward to the local office a copy of the termination notice and a copy of the TD terminating benefits. If the household is in its IRRM, the Central NPA Unit will divert benefits.

If the MR is returned after twenty days, benefits will be reinstated in accordance with Section 3.12 Reinstatement.

4.2.2 Incomplete MR

If the MR has been returned incomplete, the Central NPA Unit will inform the household that its MR is incomplete, inform the household what will make the form complete, and inform the household to make the form complete by twenty days after the MR was scheduled to be received by the household. The Central NPA Unit will mail the household a correction notice (see Attachment G) and keep a copy for the Central-NPA-Unit's files. A copy of the correction notice will not be forwarded to the local office.

If the MR is incomplete by twenty days after the MR was scheduled to be received by the household, the Central NPA Unit will mail a notice of termination to the household and will take action to terminate payment-month benefits unless the household is in its IRRM. The Central NPA Unit will forward to the local office a copy of the termination notice and a copy of the TD terminating the benefits. If the household is in its IRRM, the Central NPA Unit will divert benefits.

If the MR is complete after twenty days, benefits will be reinstated in accordance with Section 3.12 Reinstatement.

4.2.3 Inadequate MR

If the MR has been returned inadequate, the Central NPA Unit will inform the household that its MR is inadequate, what will make the form adequate, and inform the household to make the report adequate by twenty days after the MR was scheduled to have been received. The Central NPA Unit will mail the household a correction notice (See Attachment G), and keep a copy for the Central-NPA-Unit's files. A copy of the correction notice will not be forwarded to the local office. In addition, if the MR is inadequate because the household has failed to sign the MR, a copy of the MR is made and the original is returned to the household for signature.

If the MR is inadequate by twenty days after the MR was scheduled to have been received by the household, benefits will be diverted in accordance with Section 3.10 Diversion.

4.3 Local Office Action Necessary

If the returned MR is complete and adequate and if the MR has one or more of the following characteristics, the Central NPA Unit will forward the MR to the local office for action.

- . A household member has started working.
- . A change has occurred in unearned income in the budget month.
- . The household's assets exceed \$1000.
- . A household member is no longer in the home.
- . An individual has moved into the home.
- . The household has moved.
- . Rent or mortgage, or utilities have changed.
- . Medical expenses have changed.
- . Changes are expected to take place within thirty days.
- . The head of the household has changed.
- . Other information is reported or the household has made a comment on the MR.

4.4 MR Covering Five Weeks

If the returned MR is complete and adequate and no local office action is indicated in accordance with Section 4.3 Local Office Action Necessary, the Central NPA Unit will determine whether the household receives unearned income other than on a monthly basis and whether the household's budget month covers five weeks.

If the household receives unearned income other than on a monthly basis and the household's budget month covers five weeks, the household may be ineligible for benefits in the payment month because of the extra week's income while becoming eligible again in the following month. To prevent such a case from being terminated and having to reapply, the Central NPA Unit will calculate benefits on the basis of a four-week budget month.

If the case is eligible on the basis of four weeks, the Central NPA Unit will suspend the case for the payment month and restore benefits for the following month. If the case is ineligible on the basis of four weeks, the Central NPA Unit will forward the MR to the local office for action.

4.5 No Local Office Action

If the returned MR is complete and adequate and no local office action is indicated in accordance with Section 4.3 Local Office Action Necessary, and no local office action is necessary in accordance with Section 4.4 MR Covering Five Weeks, the MR will be filed at the Central NPA Unit. No further action will be taken on that MR by the Central NPA Unit or the local office.

4.6 Appeals

If the household appeals an action taken by the Central NPA Unit to divert or terminate benefits, the Central NPA Unit will forward to the local office any appropriate documents necessary for the hearing which will be conducted at the local office. Because copies of diversion and termination notices and copies of TD's diverting or terminating benefits will have already been provided by the Central NPA Unit, these documents will not have to be provided again. Other appropriate documents may include incomplete and inadequate MR's.

4.7 Household Exempt From NPA-MRRB

If an NPA-MRRB household informs the Central NPA-MRRB Unit that the household believes that it should not be subject to NPA-MRRB, the Central NPA-MRRB Unit will inform the local office, which will perform the activities described in Section 5.3 Households Exempt from NPA-MRRB.

4.8 Returned Mail

If the Central NPA Unit sends to the household mail which is returned as undeliverable to the Central NPA Unit, the Unit will call the local office to find whether the household has reported a new address to the local office.

If the household has reported a new address, the Central NPA Unit will send the mail to the new address. If the household has not reported a new address, the Central NPA Unit will forward the mail to the local office for action.

5.0 Local Office Responsibilities

Every month the local office will be sent, for informational purposes, a printout containing each NPA household receiving an MR that month. The Central NPA Unit will perform the monthly mailing of MR's.

If the returned MR is complete and adequate and if the MR has one or more of the following characteristics, the Central NPA Unit will forward the MR to the local office for the following actions. In some cases as the household's DETD approaches, the Central NPA Unit will notify the local office by telephone so that the local office can determine what action must be taken and take that action in a timely manner.

1. If a household member started working during the budget month and did not stop working during the budget month, the local office will begin considering the case as non-NPA-MRRB. The report that the household member has started working will be treated as a reported change in accordance with Section 366.120 of the FSP Manual.

If the household member who started working during the budget month also stopped during the budget month, the earnings received are disregarded when determining benefits and the household continues to be subject to NPA-MRRB.

2. If a change in budget month unearned income occurred, the worker will use the new budget-month unearned income to calculate benefits for the payment month in accordance with Section 5.1 Taking Action on Changes.

If the change in budget month unearned income is that the unearned income stopped during the budget month, the unearned income received is disregarded.

If the household has also reported a change in a prospective factor on the same MR, the worker must consult Section 5.1 Taking Action on Changes.

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3. If the household reports that its assets exceed \$1000 and the reported amount of assets appears to be the same as the amount recorded in the case record, the worker will take no further action on the case with respect to assets.

If the reported amount of assets appears different from the amount recorded in the case record, or if the worker lacks sufficient information and verification to determine this, (s)he will treat the reported amount of assets as a reported change in accordance with Section 366.120 of the FSP Manual.

If the household has also reported a change in unearned income on the same MR, the worker must consult Section 5.1 Taking Action on Changes before taking any action to terminate benefits as a result of excess assets.

4. If a household member is no longer in the home, the worker will treat this information as a reported change in accordance with Section 366.120 of the FSP Manual. If the household has also reported a change in unearned income on the same MR, the worker must consult Section 5.1 Taking Action on Changes before taking any action to change benefits.
5. If an individual has moved into the home, the worker will treat this information as a reported change in accordance with Section 366.120 of the FSP Manual.

Care must be taken to ensure that the household composition requirements of Section 361.200 and all other eligibility factors are met. Before the individual is added, the worker will mail the household a Social Security Number Disclosure Letter (Attachment I).

If the household has also reported a change in unearned income on the same MR, the worker must consult Section 5.1 Taking Action on Changes before taking any action to change benefits.

6. If the household has moved, the worker will consider this as a reported change in accordance with Section 366.120 of the FSP Manual except that, if (s)he lacks sufficient information and verification to determine the new shelter deduction by the time (s)he must take action on the reported change, (s)he will use zero as the shelter deduction.

Once the worker has taken action to calculate benefits using zero as the shelter deduction as described above, neither restored benefits nor supplements apply for the payment month even if the household provides the necessary information and verification later. If the household does provide it later, the worker will consider it a reported change.

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If the household has also reported a change in unearned income on the same MR, the worker must consult Section 5.1 Taking Action on Changes before taking any action to change benefits.

7. If the household's rent or mortgage, or utilities have changed when the household has not moved, the worker will consider it a reported change in accordance with Section 366.120 of the FSP Manual.

The worker must keep in mind whether the household is allowed to switch between a Standard Utility Allowance and its actual expenses.

If the household has also reported a change in unearned income on the same MR, the worker must consult Section 5.1 Taking Action on Changes before taking any action to change benefits.

8. If the household's medical expenses have changed, the worker will consider it a reported change in accordance with Section 366.120 of the FSP Manual.

If the household has also reported a change in unearned income on the same MR, the worker must consult Section 5.1 Taking Action on Changes before taking any action to change benefits.

9. If the household expects a change in its circumstances during the next thirty days, the worker will consider it a reported change in accordance with Section 366.120 of the FSP Manual.

If the household has also reported a change in unearned income on the same MR, the worker must consult Section 5.1 Taking Action on Changes before taking any action to change benefits.

10. If the head of household has changed, the worker will change the case name.
11. If other information is reported, the worker will consider it a reported change in accordance with Section 366.120 of the FSP Manual.

If the household has also reported a change in unearned income on the same MR, the worker must consult Section 5.1 Taking Action on Changes before taking any action to change benefits.

A case with one or more of the above characteristics may also have had its benefits diverted or terminated. The local office will calculate, and provide benefits after diversion or reinstate benefits in such cases in accordance with Sections 3.11 Provision of Benefits After Diversion and 3.12 Reinstatement.

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A case with one or more of the above characteristics may receive unearned income other than on a monthly basis and the household's budget month may cover five weeks. This household may be ineligible for benefits in the payment month because of the extra week's income, while becoming eligible again in the following month. To prevent such a case from being terminated and having to reapply, the worker will calculate benefits on the basis of a four-week month. If the case is eligible on the basis of four weeks, the worker will suspend the case for the payment month by reducing the household's coupon allotment to zero and will restore benefits for the following month. If the case is ineligible, the worker will take action to close the case.

5.1 Taking Action on Changes

If an increase in a retrospective factor has occurred, the worker must determine whether the household is prospectively eligible before calculating benefits. If an increase in income makes the household prospectively ineligible, action to terminate benefits will be taken immediately while meeting the advance notice of adverse action requirements. If the household is eligible prospectively, action will be taken to change benefits.

Determining the effective date of a change in benefits is more complex for households subject to NPA-MRRB than it is for non-NPA-MRRB households. This is because unearned income is a retrospective factor in NPA-MRRB. Any change in unearned income in a particular budget month must be reflected in payment-month benefits without advance notice of adverse action while benefit changes as a result of prospective factor changes follow rules in accordance with Section 366.120 of the FSP Manual with advance notice of adverse action.

In situations where only one factor has changed benefits, or in situations where the changed factors are either all retrospective or all prospective, taking action on changes is straightforward.

What follows are the procedures to use when changing benefits for NPA-MRRB households.

5.1.1 No change in benefits

If no change in benefits is necessary, no action will be taken by the worker.

5.1.2 Change Due to Prospective Factors Only

If a change is due to a change in prospective factors, the worker will follow the provisions of Section 366.120, including the advance notice of adverse action requirements.

5.1.3 Change Due to Retrospective Factor Only

If a change in benefits is due to a change solely in a retrospective factor occurring in the budget month, the worker must take action to make the change effective for the payment-month ATP while providing the household with notification as follows.

If the change is an increase, an FSNL-3 is used.

If the change is a decrease or a termination, an FSNL-5 is used, but, because the decrease requires no advance notice of adverse action and because an NPA-MRXB household has ten days to appeal the action and receive continued benefits pending the fair hearing, the appeal-by-date blank in the body of the letter will be filled in with the date which is ten days after the date of the FSNL-5 rather than the effective date of the action.

5.1.4 Change Due to Both Prospective and Retrospective Factors

How to take action on changes due to both prospective and retrospective factors depends on the type of retrospective factors and the date the prospective factor was reported.

. New Household Member

An addition of a new household member and the consideration of any income the new member may have are prospective factors. If these factors are the only factors affecting the household's benefits, or if they are affecting the household's benefits in combination with any other prospective factors, the instructions in Section 5.1.2 Changes Due to Prospective Factors Only are to be followed.

If the addition of a new household member is reported at the same time as a change in the unearned income of an existing household member, the worker will calculate payment-month benefits by considering the new member and his or her income, if any, prospectively and by considering the change in the existing member's unearned income retrospectively. The worker will follow the procedures below depending on whether the change in the prospective factor would cause an increase or decrease in benefits.

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. Prospective Factor would Cause Increase in Benefits

If at least one change in a prospective factor (other than the addition of a new household member as discussed above) causing an increase is to be acted upon with a retrospective factor, the change must be effective for the payment-month ATP provided that a period of ten days exists between the date the prospective change was reported and the date of the payment-month ATP.

If a period of ten days does not exist, the action must be separated. The action as a result of the retrospective change must be made effective for the payment-month ATP in accordance with 5.3.3 Change Due to a Retrospective Factor Only. The action as a result of the prospective change must be made effective for the following month. The worker will provide adequate notice of the action.

. Prospective Factor would Cause Decrease in Benefits

If a change in a prospective factor (other than the addition of a new household member as discussed above) causing a decrease is to be acted upon with a retrospective factor, the change must be made effective for the payment-month ATP provided that the household can be provided with advance notice of adverse action in accordance with Section 36b.200 of the FSP Manual.

If the household cannot be provided with advance notice, the actions must be separated. The action as a result of the retrospective change must be made effective for the payment-month ATP in accordance with 5.3.3 Change Due to a Retrospective Factor Only. The action as a result of the prospective change must be made effective for the following month. The worker will follow the notice provisions of the FSP Manual, including the advance notice of adverse action requirements.

5.2 Appeals

Fair hearings as a result of an appeal made by a household whose benefits were diverted or terminated by the Central NPA unit will be conducted at the local office. If the local office has not received appropriate documents, it should request them from the Central NPA Unit in time to receive them for the fair hearing.

Note that continued benefits are not provided pending the fair hearing, if the issue under appeal is a termination as a result of a missing report.

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Procedures for fair hearings as a result of an appeal made by a household whose benefits were changed by the local office, are to be handled in the same manner as those outside the NPA-MRRB system.

5.3 Households Exempt from NPA-MRRB

If a household on NPA-MRRB informs the local office that the household believes that it should be exempt from NPA-MRRB, or if the worker discovers that a household is exempt, or if the Central NPA Unit informs the local office that the household may be exempt, the Director must approve the exemption, before it takes place. If the Director approves, the worker will perform the following activities.

- . Change the code in block 34 of the TD in accordance with Attachment A to prevent issuance of an MR.
- . Inform the Central NPA Unit by telephone that any NPA-MRRB action being taken on the case is no longer relevant and request the Central NPA Unit to forward a copy of the current MR to the local office, unless it is missing, for informational purposes.
- . Begin considering the case non-NPA-MRRB.

5.4 Returned Mail

If the local office receives from the Central NPA Unit mail to the household returned as undeliverable to the Central NPA Unit, the worker will take action to terminate benefits if no other address for the household is known.

5.5 Changes Reported Outside the MR

If an increase in a retrospective factor has occurred, the worker must determine whether the household is prospectively eligible before calculating benefits.

If an increase in income makes the household prospectively ineligible, action to terminate benefits will be taken immediately while meeting the advance notice of adverse action requirements. If the household is eligible prospectively, the household must be informed to include the information and verification on the MR for the budget month in which the change occurred.

When a household reports a change in a prospective factor (factors other than unearned income) the Department does not inform the household to include the change on the MR. The worker will consider it a reported change in accordance with Section 365.120 of the FSP manual.

5.6 Other Considerations in NPA-MRRB

5.6.1 Recertification

The NPA-MRRB recertification process is the same as the non-NPA-MRRB recertification process except that the worker will review the case to determine whether the household is exempt from NPA-MRRB.

5.6.2 Lost Benefits

Policy in Section 366.450, et seq., and procedures in FSPM VII concerning the restoration and offsetting of lost benefits apply in NPA-MRRB. Lost benefits are restored under specific circumstances set forth in the above-mentioned documents. If these circumstances occur in NPA-MRRB, lost benefits are to be restored.

Not included in the set of specific circumstances under which lost benefits can be restored is the untimely provision of information and verification by the household in the NPA-MRRB process. When the lack of certain information and verification makes the MR incomplete or inadequate in NPA-MRRB, benefits are diverted or terminated until all the information and verification is provided so that a proper determination of eligibility and benefit level can be made. The lack of other information and verification, however, does not prevent the determination of eligibility and benefit level. Eligibility and benefit level are determined on the basis of information provided. For example, when a household with an elderly or disabled member fails to verify his or her increased medical expenses, the previous medical deduction is used. If the household provides the verification after the ATP effective date, any increase in the payment month benefits which the household may have realized is no longer allowed. Benefits could, however, be increased effective the month after the payment month.

5.6.3 Supplements

Policy in Section 366.120 (A) and procedures in FSPM II allow the issuance of supplements when four specific types of changes are reported during the certification period. Whether these supplements are allowed in NPA-MRRB depends on whether the change is in an income factor or a non-income factor. What follows is a discussion of these four types of changes in NPA-MRRB.

. The Change Results in Full Coupon Allotment

When the change increases the household coupon allotment to the full coupon allotment and the change is in an income factor (unearned income) no supplement is allowed because changes in income factors are budgeted retrospectively.

When the change is in a non-income factor, a supplement is allowed in accordance with FSPM II because changes in non-income factors are budgeted prospectively.

. The Change is The Addition of a Household Member

When a household reports the addition of a new household member and the necessary information and verification is provided, the new household member is added to the household effective the month after the new household member is reported.

If the increase is key entered on or before the effective date of the next month's ATP, no supplement is necessary because the new household member will be added effective the month after the new household member is reported:

If the increase is key entered after the effective date, a supplement is necessary in accordance with FSPM II in order to add the new household member effective the month after the new household member is reported.

. The Change is A Decrease in Gross Monthly Income of At Least \$50

When the change resulting in increasing the household's coupon allotment is that the household's gross income has decreased by at least \$50, no supplement is allowed because changes in income factors are budgeted retrospectively.

. Other Changes

When the change increases the household coupon allotment to a coupon allotment less than the full coupon allotment and the change is in an income factor, no supplement is allowed because changes in income factors are budgeted retrospectively.

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When the change is in a non-income factor, a supplement is allowed in accordance with FSPM II because changes in non-income factors are budgeted prospectively.

5.7 Household Returns MR to Local Office

If the household should return the MR to the local office rather than the Central NPA Unit, the local office will forward the MR to the Central NPA Unit.

If the MR indicates that local office action is necessary, the local office will copy the MR before forwarding, and take the action.

Codes Used in Block 34 of the TD in Category 9*

Block 34 of the TD is used in category 9 for NPA-MRRB purposes. For households on NPA-MRRB, it shows whether the household is to receive an English MR (Code A) or a Spanish MR (Code B). Block 34 also shows why an NPA household was exempted from NPA-MRRB by the local office

CODE	EXPLANATION OF CODE
A	If the household is subject to NPA-MRRB, the household will receive an English MR.
B	If the household is subject to NPA-MRRB, the household will receive a Spanish MR
C	The household is not subject to NPA-MRRB because a mental or physical disability or handicap makes the household unable to report monthly; or because each adult household member is either elderly or disabled.
D	The household is not subject to NPA-MRRB because it can read and write neither English nor Spanish; and is either English or Spanish speaking, or both.
	If any of the following codes appear, the household is not subject to NPA-MRRB because of an unresolvable monolingual limitation in one of the following languages:
E	Armenian
F	Cambodian
G	Chinese
H	French
I	Greek
J	Italian
K	Laotian
L	Polish
M	Portuguese
N	Russian
O	Vietnamese
P	Other language

*DO NOT USE THESE CODES UNTIL FURTHER NOTICE.

These codes were designed to be used by the local office after the computer entered Code A in each case, that is, the computer would assume that each case it selected the first time (on the basis of household size of more than four, and no unearned income) is to be subject to NPA-MRRB, and is to receive an English MR from now on. The local office would then be able to inform the computer whether the household was to receive a Spanish MR (by entering Code B) or whether the household was exempt by entering Code C-P). As these procedures were going to print, the computer had not yet been programmed to enter Code A in each case. Because of this, the local office should not enter any codes now because they will be wiped out when the Code A's are entered by the computer in mid-October. You will be notified of the exact date. In the meantime, save appropriate data for entering upon notification.

THE REASON YOU DID NOT RECEIVE A MONTHLY REPORT THIS MONTH

The reason you did not receive a Monthly Report this month was that information in the Department's records says that your household's circumstances have changed in such a way that you are no longer required to be in the Monthly Reporting system.

The change in your circumstances was one or more of the following:

1. The number of members in your food stamp household decreased, and now you have fewer than five members in your household.
2. You now have earnings.
3. None of the current members of your food stamp household can read and write English or Spanish.
4. A mental or physical disability or handicap now exists which makes your household unable to report monthly.
5. Each adult member of your household now is either elderly or disabled.

Even though you are no longer required to complete a Monthly Report you must inform the Department within ten days of any changes in circumstances that affect your food stamp benefits.

If your circumstances change in such a way that you are required to complete a Monthly Report in the future, you will be notified.

POR QUE USTED NO RECIBIO
UN INFORME MENSUAL ESTE MES

Usted no recibió un informe mensual este mes porque la información que tiene el Departamento en sus archivos señala que las circunstancias de su familia han cambiado en forma tal que ya no está usted obligado a rendir informes mensuales.

Este cambio de circunstancias se debe a una de las siguientes razones:

- 1 El número de personas residiendo en su hogar ha disminuido y ahora hay meno de 5 personas residiendo en su casa.
- 2 Ahora recibe ingresos.
- 3 Ninguno de los residentes en su casa pueden leer y escribir inglés o español.
- 4 Existe una o varias condiciones físicas o mentales u algún impedimento que hace que su hogar este incapacitado de participar en el proceso de informes mensuales.
- 5 Todos los adultos que residen en su casa o son ancianos o estan incapacitados.

Aunque ya no está obligado a enviar los informes mensuales, en caso de que sobrevengan cambios en sus circunstancias que pueden afectar la cantidad de cupones de alimento que recibirá, usted debe notificarlos al Departamento dentro de los 10 días siguientes.

Usted será notificado en caso de que sobrevenga cambio en circunstancias que le hagan nuevamente responsable de rendir un informe mensual.

DEPARTMENT OF PUBLIC WELFARE - COMMONWEALTH OF MASSACHUSETTS
INFORMATION SHEET FOR FOOD STAMP HOUSEHOLDS
ON THE MONTHLY REPORTING SYSTEM

Monthly Reporting is a system of the Massachusetts Department of Public Welfare which requires some food stamp households to complete a Monthly Report every month.

A food stamp household is required to complete a Monthly Report if all of these things are true about the household.

- . The household has more than four members.
- . The household has no earnings.
- . The household can read and write English, Spanish, or both.
- . The household does not have a mental or physical disability or handicap which makes the household unable to report monthly.
- . At least one adult household member is neither elderly nor disabled.

If you have been informed that you are required to complete a Monthly Report every month, and any one of the above things is untrue about your household, call your food stamp worker to let the Department know.

If you are required to complete a Monthly Report, a Monthly Report will be mailed to you every month at the time you received your ATP (Authorization to Participate).

Because the information you give on your Monthly Report is used to figure the amount of your food stamps, YOU MUST:

1. Read each section of the Monthly Report carefully.
2. Answer all the questions.
3. Include the verification which the Monthly Report tells you to send. If anyone in your household receives welfare, you must include Section 7 of the Monthly Report the amount of welfare that member last received.
4. Sign the Monthly Report.
5. Return the Monthly Report within 10 days. If you haven't returned your Monthly Report in 10 days, the Department will send you another copy to make sure that you have a Monthly Report to fill out.

Because the MR form is also used in the welfare Monthly Reporting system, some of the questions do not apply to you. The reason they do not apply to you is because they talk about welfare benefits. The only welfare information that you must include on the Monthly Report (in Section 7) is the amount of welfare that a member of your food stamp household last received, if any member of your food stamp household received welfare benefits.

If you do not return your completed Monthly Report within 20 days, you may:

1. Lose your food stamp benefits, or
2. Receive your food stamp benefits late.

If you need help in understanding the Monthly Report, call your local worker.

You have the right to appeal any decision made by the Department of Public Welfare.

DEPARTAMENTO DE BIENESTAR PUBLICO GOBIERNO DE MASSACHUSETTS
HOJA DE INFORMACION PARA AQUELLAS FAMILIAS QUE RECIBEN CUPONES DE
ALIMENTO Y QUE HAN SIDO INCLUIDAS EN EL SISTEMA DE INFORMACION MENSUAL

El sistema de información mensual de Departamento de Bienestar Público del Estado de Massachusetts exige que algunas de las familias que reciben cupones de alimento rindan un informe mensual.

Si todas las siguientes condiciones aplican a su familia usted tendrá que completar un informe mensual:

- . Más de cuatro personas están residiendo en el hogar.
- . El hogar no tiene ingresos.
- . Las personas que residen en el hogar pueden leer y escribir inglés, español, o ambos.
- . Si ninguna de las personas tiene una incapacidad física o mental que impida que pueda someter un informe mensual.
- . Si hay por lo menos un adulto viviendo en el hogar que no es ni anciano, ni incapacitado.

Si se le ha informado que tiene que completar un informe mensual cada mes y cualquiera de las condiciones antes mencionadas no corresponde a su familia, llame a su oficina y hable con el trabajador que atiende sus reclamaciones de cupones para que lo informe al Departamento de Bienestar Publico.

Si el Departamento requiere completar un informe mensual, se le enviará un informe mensual cada mes a la misma vez que recibe su ATP (Autorización a Participar).

Como la información que Ud. incorpora en su informe mensual es parte del cálculo de sus cupones de alimento, USTED DEBE:

- 1 Leer cada sección del informe con mucho cuidado
- 2 Responder a todas las preguntas.
- 3 Incluir la verificación que el informe le exige enviar. Si hay alguien en su familia que recibe asistencia pública, usted debe llenar la sección 7 del informe mensual e indicar la cantidad de asistencia pública que ese miembro de su familia obtuvo la última ocasión en que recibió asistencia.
- 4 Firma el informe mensual.
- 5 Devuelva el informe mensual dentro de 10 días. Si no ha devuelto su informe en 10 días, el Departamento le enviara otra copia para asegurarse que Ud. recibió el informe mensual.

Como la planilla MR se usa también para el sistema de informes mensuales de asistencia pública, puede haber ciertas preguntas que no le aplican. La única razón por la que no aplican es porque se refieren a beneficios de asistencia pública y no al programa de cupones de alimento. La única información sobre asistencia pública que Usted debe incluir en el informe Mensual (en la sección 7) es la cantidad de asistencia que algún miembro de su unidad haya recibido en caso de que algún miembro de su familia que recibe cupones también recibió asistencia pública.

Si no completa su informe mensual dentro de 20 días, es posible que:

- 1 Ud. pierda sus beneficios de cupones o
- 2 Ud. recibirá sus cupones tarde.

Si se le hace difícil entender este asunto o si necesita que alguien le explique en más detalle como funciona este requerimiento del informe mensual, llame al trabajador que le atiende regularmente. Recuerde que usted tiene el derecho de apelar cualquier decisión que tome el Departamento de Bienestar Público.

THE REASON YOU RECEIVED THIS ENVELOPE

The materials in this envelope were sent to you because the information in the Department's records says that your household's circumstances have changed in such a way as to require that your household be in the Monthly Reporting system by federal regulation.

The change in your circumstances was one or more of the following:

1. The number of members in your food stamp household has increased to five, or more.
2. Your household recently had earnings but no longer has them.
3. A current member of your food stamp household can read and write English or Spanish.
4. Your household no longer has a mental or physical disability or handicap which makes your household unable to report monthly.

If any one of the above changes has not recently happened, call your local food stamp worker, or the toll-free number on the enclosed informational sheet to let us know.

If you are required to be on the Monthly Reporting system, you must meet the requirements described in the material in this envelope. Please read this material.

REASON NOTICE

Por que recibe usted este sobre

Los materiales incluídos dentro de este sobre le han sido enviados debido a que la información que tenemos en los archivos del Departamento de Bienestar Público demuestran que las circunstancias en su hogar han variado en tal forma que ahora a Ud. por reglamentación federal se le requiera rendir un informe mensual.

El cambio en sus circunstancias se debe a una de las siguientes razones:

- 1 El número de personas en su hogar ha aumentado hasta alcanzar la cifra de cinco, o más personas.
- 2 Su hogar recibió ingresos en un período reciente pero ya no los está recibiendo.
- 3 Uno de los miembros de su unidad de cupones puede leer y escribir inglés o español.
- 4 Ya no hay nadie en la unidad familiar que tenga una incapacidad física o mental que le impida rendir los informes mensuales.

Si ninguno de estos cambios antes mencionados le ha ocurrido recientemente, llame al trabajador que se encarga de sus reclamaciones de cupones, o llame para informaremos al número que aparece en la hoja incluída.

Si a Ud. se le requiere rendir los informes mensuales, debe satisfacer los requisitos descritos en los materiales que aparecen dentro de este sobre. Por favor lea esta información, es importante.

Si Ud. está obligado a rendir un informe mensual durante el próximo mes, el Departamento de Bienestar Público le enviara un informe mensual en inglés. Si Ud. necesita un informe mensual en español, por favor llame al trabajador encargado de sus reclamaciones de cupones.

NOTIFICACION SOBRE LA RAZON

Մասաչուսեթի Գոմոնոսենդ Հանրաքննչական Բաժին

Ամսական Ձեկույց

Եթե կ'ուզեք շարունակել ստանալ սնունդի օգնություն
կտրոններ (ֆուդ սթամփս) պէտք է հետևիք այս օրենքներուն
որը կը գտնեք այս պահարանի մէջ: Ըստ օրենքի ընտանիքը
պէտք է ամսական տեղեկագիր ներկայացնէ մեզ ընտանիքի
մէջ կապարուած փոփոխութիւններուն վերաբերեալ: Բան որ
այս ամսական զեկույցը միայն, անգլիերէն և սպաներէն է,
է՛ր վերաբերի անոնց որոնք է՛ն գրեթէ կարդար անգլիերէն
և սպաներէն:

Եթէ է՛ք գրեթէ կարդար անգլիերէն կամ սպաներէն
հաճեցէ՛ք հեռագայնել ձեր տեղական ֆուդ սթամփի գրասենեակը
անմիջապէս, կամ խնդրեցէ՛ք ուրիշին օգնելու հեռագայնելու
ձեզ հաճար: Եթէ ձեր գրասենեակէն տեղեկ ըլլան որ դուք
է՛ք գիտեր անգլիերէն կամ սպաներէն կրնաք անտեսել
այս պահարանի բովանդակութիւնը: Ձեր գրասենեակը
այլևս չե՛զ ամսական զեկույց է՛ր ուղարկէր:

Եթէ չե՛ք հեռագայնել է՛ստանա՛նք, այն ժամանակ ա՛մէն ա՛միս
ենթակա՛յ է՛ք այս օրենքին:

Եթէ ունիք ու՛ե հարցեր հաճեցէ՛ք հեռագայնել ձեր տեղական
ֆուդ սթամփի գրասենեակը, կամ խնդրեցէ՛ք ուրիշին որ հեռագայն
ձեզի հաճար:

[illegible][illegible][illegible][illegible]

၂၂ ကိစ္စတော်က နှစ်နှစ်ကတော့ ချစ်ခင်မကုသတော့ဘူး ခင်ဗျားနဲ့တော့
 ကံကောင်းပဲ နှစ်နှစ်ကတော့ ချစ်ခင်မကုသတော့ဘူး ခင်ဗျားနဲ့တော့
 အချစ်ခင်မကုသတော့ဘူး ခင်ဗျားနဲ့တော့ ၇၂ . ၄

[illegible]

麻 州
公共福利部
每月報告

在信封內附有關於糧券規定的資料。對某些糧券持有人，這些規定必須遵守，才能繼續領取糧券。這些規定指明，每戶家庭必須每月填寫報告給我們，告知家庭情況是否有任何變遷。因為這種月報只有英文和西班牙文，因此這些規定不適用於那些不懂得讀寫英文或西班牙文的家庭。

如果你不懂得讀寫英文或西班牙文，那麼請你馬上通知本地的糧券辦事處，或者請別人代為通知；譬如你可以請當初替你申請糧券的人代勞。一旦你本地的糧券辦事處獲知你不懂得讀寫英文或西班牙文，則在信封內的資料你就可以不管。你本地的糧券辦事處一定會弄清楚，每月不再寄給你月報表。

如果你或為你代勞的人沒有通知，那麼本信封內所附資料中的各項規定，你每月都必須遵守。

如果你有任何疑問，請打電話通知你本地的糧券辦事處，或者請別人為你打電話也可以。

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC WELFARE

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Rapport mensuel

Cette enveloppe contient des informations concernant les règles que certaines familles recevant des tickets de nourriture ("Food stamps") doivent suivre pour pouvoir continuer à recevoir ces tickets. Ces règles disent que chaque famille doit remplir un rapport chaque mois pour annoncer des changements éventuels dans leur situation familiale. Mais parce que ce rapport mensuel est disponible seulement en anglais et en espagnol, ces règles ne s'appliquent pas aux familles qui ne lisent ou n'écrivent pas l'anglais ou l'espagnol.

Si vous ne pouvez pas lire ou écrire l'anglais ou l'espagnol, veuillez téléphoner à votre bureau local de distribution de tickets de nourriture, ou demandez à quelqu'un de téléphoner pour vous (par exemple, la personne qui vous a aidé à faire la demande des tickets de nourriture). Une fois que votre bureau local saura que vous ne lisez ou n'écrivez l'anglais ou l'espagnol, vous pouvez ignorer les informations qui se trouvent dans cette enveloppe. Et votre bureau local de tickets de nourriture s'assurera que vous ne recevrez pas le rapport chaque mois.

Si vous ne téléphonez pas, ou si quelqu'un ne téléphone pas pour vous, les règles décrites dans l'enveloppe s'appliqueront à votre cas chaque mois.

Si vous avez des questions, téléphonez à votre bureau local de tickets de nourriture, ou demandez à quelqu'un de téléphoner pour vous.

ΠΟΛΙΤΕΙΑ ΤΗΣ ΜΑΣΣΑΧΟΥΣΕΤΤΗΣ

ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΝΟΙΑΣ

ΠΕΡΙ ΜΗΝΙΑΙΑΣ ΑΝΑΦΟΡΑΣ

Αυτός ο φάκελλος περιέχει στοιχεία για κανόνες τους οποίους πρέπει να ακολουθήσουν ορισμένα σκέττα που χρησιμοποιούν κουκόνια τροφύμων, ούτως ώστε να συνεχίσουν να λαμβάνουν κουκόνια. Οι κανόνες λένε ότι το κάθε σκέττ πρέπει να συμπληρώνει κάθε μήνα μία αναφορά που θα μας πληροφορεί εάν υπάρχει κάποια αλλαγή στην κατάσταση της οικογένειας. Εκείνη αυτή η μηνιαία αναφορά είναι διαθέσιμη μόνο στην Αγγλική και στην Ισπανική γλώσσα, οι κανόνες αυτού δεν ισχύουν για οικογένειες που δεν διαβάζουν και γράφουν Αγγλικά ή Ισπανικά.

Εάν δεν μπορείτε να διαβάσετε ή να γράψετε Αγγλικά ή Ισπανικά, σας παρακαλούμε να τηλεφωνήσετε αμέσως στο τοπικό γραφείο για κουκόνια τροφύμων ή να ζητήσετε κάποιον να τηλεφωνήσει για σας, όπως π.χ. το άτομο που σας βοήθησε να κάνετε την αίτηση για κουκόνια τροφύμων. Μόλις το τοπικό γραφείο πληροφορηθεί ότι εσείς δεν έχετε να διαβάζετε Αγγλικά ή Ισπανικά ή να τα γράφετε, μπορείτε να αγνοήσετε τα στοιχεία του φακέλλου αυτού. Το τοπικό γραφείο για κουκόνια θα φροντίσει να μην στέλνεται αυτή η μηνιαία αναφορά σε σας, κάθε μήνα.

Εάν εσείς ή κάποιος άλλος άτομο δεν τηλεφωνήσει για σας, οι κανόνες που περιγράφονται σ' αυτόν τον φάκελλο ισχύουν αυτομάτως και για σας κάθε μήνα.

Εάν έχετε κάποια ερώτηση, παρακαλούμε να τηλεφωνήσετε στο τοπικό γραφείο για κουκόνια τροφύμων, ή να ζητήσετε από κάποιον να τηλεφωνήσει εκ μέρους σας.

STATO DEL MASSACHUSETTS
DIPARTIMENTO DELLA PUBBLICA ASSISTENZA
(PUBLIC WELFARE)

PRESENTAZIONE DI RAPPORTI MENSILI

Questa busta contiene materiale informativo riguardo le regole che alcune famiglie che ricevono buoni per alimenti (food stamps) dovranno osservare per poter continuare a ricevere detti buoni. Queste regole esigono che tutti i mesi ogni famiglia riempia un rapporto per informarci se ci sono stati dei cambiamenti nella situazione familiare. Dato che questo rapporto mensile esiste solo in inglese e spagnolo, queste regole non sono valide per coloro che non leggono né scrivono l'inglese o lo spagnolo.

Se voi non sapete leggere né inglese né spagnolo, vi preghiamo di telefonare immediatamente all'ufficio dei buoni per alimenti della vostra zona, oppure chiedete a qualcuno che telefoni a nome vostro, ad esempio, la persona che vi ha aiutato a fare la domanda dei buoni per alimenti. Non appena l'ufficio dei buoni-alimenti della vostra zona viene informato che voi non leggete né scrivete inglese o spagnolo, voi potrete ignorare il materiale contenuto in questa busta. Detto ufficio prenderà le misure necessarie affinché non vi venga spedito il modulo di rapporto mensile.

Se voi non telefonate, o se qualcun altro non lo farà per voi, le regole descritte nel materiale contenuto in questa busta saranno valide anche per voi ogni mese.

Se desiderate chiarimenti, vi preghiamo di telefonare all'ufficio dei buoni-alimenti della vostra zona, oppure chiedete a qualcuno che lo faccia per voi.

ODDZIAŁ OPIEKI SPOŁECZNEJ

STANU MASSACHUSETTS

RAPORT MIESIĘCZNY

Koperta ta zawiera materiały z przepisami, które muszą być przestrzegane przez niektóre rodziny, aby kontynuować otrzymywanie kuponów żywnościowych. Przepisy te stwierdzają, że rodzina otrzymująca kupony żywnościowe musi przedłożyć raport każdego miesiąca, zawiadamiający oddział opieki społecznej o jakichkolwiek zmianach w sytuacji rodzinnej. Przepis przedkładania raportu miesięcznego nie stosuje się do rodzin nie umiejących czytać i pisać w języku angielskim lub hiszpańskim, ponieważ formularze miesięcznego raportu drukowane są tylko w języku angielskim lub hiszpańskim.

Jeżeli twoja rodzina nie umie czytać i pisać po angielsku lub hiszpańsku należy natychmiast skontaktować się z lokalnym biurem kuponów żywnościowych lub załatwić by ktoś zrobił to w twoim imieniu, na przykład osoba, która pomogła ci wypełniać aplikację o kupony żywnościowe. Od momentu zawiadomienia lokalnego biura kuponów żywnościowych o twojej nieznajomości języka angielskiego lub hiszpańskiego, możesz zignorować formularze zawarte w tej kopercie. Lokalne biuro kuponów żywnościowych wstrzyma wysyłanie ci formularzy miesięcznego raportu każdego miesiąca.

Jeżeli jednak ty lub ktoś w twoim imieniu nie skontaktuje się z lokalnym biurem kuponów żywnościowych, obowiązują cię wszystkie przepisy zawarte w tej kopercie, każdego miesiąca.

Jeżeli masz jakiekolwiek pytania skontaktuj się z lokalnym biurem kuponów żywnościowych lub upoważnij kogoś by zrobił to w twoim imieniu.

COMMONWEALTH OF MASSACHUSETTS
DEPARTAMENTO DE ASSISTÊNCIA SOCIAL

RELATÓRIO MENSAL

Este envelope contém informações sobre as regras que certas famílias que recebem cupões de comida devem seguir para poder continuar a receber esses cupões. Estas regras requerem que os membros da casa que recebe cupões de comida devem preencher um relatório mensal a informar-nos se alguma mudança ocorreu na família durante o mês. Porque estes relatórios só existirem em inglês e espanhol, estas regras não são aplicáveis às famílias cujos membros não sabem ler nem escrever inglês ou espanhol.

Se não lê nem escreve inglês ou espanhol, é favor pôr-se em contacto imediatamente com o escritório local dos cupões de comida, ou passa a alguém que nos telefone, como por exemplo quem o ajudou a preencher o relatório inicial quando pediu assistência para começar a receber os cupões de comida. Assim que o escritório local dos cupões de comida souber que não sabe ler nem escrever inglês ou espanhol, você pode ignorar o material contido neste envelope. O escritório local dos cupões de comida fará com que não lhe mandem um relatório mensal para ser preenchido todos os meses.

Se você ou outra pessoa não telefonar para o escritório dos cupões de comida, as regras descritas nos documentos incluídos neste envelope serão aplicadas para si todos os meses.

Se tiver qualquer pergunta ou dificuldade, telefone para o escritório local dos cupões de comida ou passa a outra pessoa para telefonar em seu nome.

COMMONWEALTH OF MASSACHUSETTS
ДЕПАРТАМЕНТ ОБЩЕСТВЕННОГО БДАГОСОСТОЯНИЯ
ЕЖЕМЕСЯЧНЫЕ ОТЧЕТЫ

В этом конверте содержатся правила, следуя которым семьи, получающие фуд стэмпы (Food Stamps), смогут и в дальнейшем их получать. Согласно этим правилам каждая семья, получающая фуд стэмпы, обязана заполнять ежемесячные отчеты, призванные информировать нас о любых изменениях в семейной ситуации, происшедших за истекшую месяц. В связи с тем, что такой ежемесячный отчет-анкета имеется только на английском и испанском языках, вышеизложенные правила не относятся к семьям, не говорящим и не читающим по-английски и по-испански.

Если вы не говорите и не читаете по-английски или по-испански, вам следует немедленно позвонить в местное учреждение, ведающее раздачей фуд стэмпов, или же вы можете попросить позвонить туда кого-то вместо вас, - например, человека, который в свое время помог вам подать на фуд стэмпы. В случае, если к моменту получения этих бумаг ваше местное учреждение по распределению фуд стэмпов уже было проинформировано о том, что вы не говорите и не читаете по-английски или по-испански, вам следует просто игнорировать содержимое этого конверта. Ваше местное учреждение, ведающее фуд стэмпами, между тем позаботится о том, чтобы такие анкеты вам больше не высылались.

В случае, если ни вы и никто вместо вас не позвонит своевременно в учреждение, ведающее раздачей фуд стэмпов, правила о ежемесячных отчетах будут к вам применяться каждый месяц.

Если у вас возникнут вопросы, пожалуйста, позвоните в учреждение, ведающее фуд стэмпами или попросите кого-то сделать это вместо вас.

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TỈNH BANG MASSACHUSETTS

SỞ AN NINH XÃ HỘI

TỔ TRÌNH HĂNG THĂNG

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Bao thò này cung tài liệu về điều luật mà một vài gia đình lãnh phiếu thực phẩm phải theo để được tiếp tục lãnh phiếu thực phẩm.

Theo những điều luật này, gia đình bạn hướng phải đến tổ trình hăng thăng để cho chúng tôi biết nếu có thay đổi về tình trạng gia đình.

Bởi vì tổ trình hăng thăng này chỉ viết bằng tiếng Anh và Tây Ban Nha, những điều luật này không áp dụng cho những gia đình không biết đọc và viết tiếng Anh hay Tây Ban Nha.

Nếu quý vị không biết đọc và viết tiếng Anh hay Tây Ban Nha, yêu cầu quý vị gọi số phiếu thực phẩm địa phương ngay hay nhờ một người khác gọi đến quý vị, thì dù như người có thể đã giúp quý vị xin phiếu thực phẩm. Một khi số phiếu thực phẩm địa phương của quý vị được cho biết rằng quý vị không biết đọc và viết tiếng Anh hay Tây Ban Nha, quý vị không cần để ý đến tài liệu trong bao thò này. Số phiếu thực phẩm địa phương của quý vị sẽ không gọi đến quý vị tổ trình hăng thăng.

Nếu quý vị không gọi hoặc không nhờ người khác gọi đến quý vị, những điều luật trong tài liệu này sẽ áp dụng cho quý vị hăng thăng.

Nếu quý vị có điều chi thắc mắc, yêu cầu gọi số phiếu thực phẩm địa phương của quý vị hay nhờ một người khác gọi đến quý vị.



CHARLES M. ATKINS
Commissioner

The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Welfare

43 Hawkins Street
Boston, MA

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NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

We regret that we are unable to determine your correct food stamps because you did not provide the following information or verification with your Monthly Report.

- ☐ You did not tell us on your Monthly Report if you worked.
- ☐ You did not include the information about unearned income on your Monthly Report.
- ☐ You did not include the information about assets on your Monthly Report.
- ☐ You did not tell us on your Monthly Report if a member of your household is still in the home.
- ☐ You did not sign the Monthly Report.
- ☐ _____

Please contact the Central NPA Unit at 1-800-882-1223 immediately to complete the Monthly Report. If you do not do this by _____, your food stamps may be decreased or stopped on _____.

Name of Worker at
Central NPA Unit
43 Hawkins Street
Boston, MA

CORRECTION NOTICE



CHARLES M. ATKINS
Commissioner

The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Welfare

43 Hawkins Street
Boston, MA

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NOMBRE

DIRECCIÓN

CIUDAD ESTADO ZIP

Lamentamos que no hemos podido determinar la cantidad correcta de sus cupones debido a que Ud. no nos proveyó la información o verificación siguiente con su informe mensual.

- ☐ Ud. no nos informó en su informe mensual si está trabajando.
- ☐ Ud. no incluyó la información sobre su ingreso de asistencia pública en su informe mensual.
- ☐ Ud. no incluyó la información sobre otros bienes en su informe mensual.
- ☐ Ud. no nos informó en su informe mensual si un miembro de su unidad familiar permanece aún en su hogar.
- ☐ Ud. no firmó el informe mensual.

☐ _____

Por favor llame inmediatamente a la unidad central de NPA en la 1-800-882-1223 para completar el informe mensual. Si no ha hecho esto para el _____, sus cupones de alimento podrían ser disminuidos o suspendidos para el _____.

Nombre del Trabajador en la Unidad Central NPA
43 Hawkins Street Boston, MA



CHARLES M. ATKINS
Commissioner

The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Welfare

43 Hawkins Street, Boston

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NAME

ADDRESS

CITY STATE ZIP

As we told you before, you must complete a Monthly Report.

Unless you complete a Monthly Report within three days, you will not receive food stamp benefits for _____.

You will receive your food stamps if you correctly complete your Monthly Report within three days.

The reason for this is because you did not return the complete Monthly Report or the Monthly Report you returned was incomplete.

The reason is in the Code of Massachusetts Regulations at 106 CMR 368.100, 368.200 and 368.220.

To complete your Monthly Report, you must contact the Central NPA Unit at 1-800-882-1223 immediately.

Name of Worker at the
Central NPA Unit
43 Hawkins Street
Boston, MA

DIVERT NOTICE



CHARLES M. ATKINS
Commissioner

The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Welfare

43 Hawkins Street, Boston

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NOMBRE

DIRECCIÓN

CIUDAD ESTADO ZIP

Como le informaremos con anterioridad a Ud. se le requiere llenar un informe mensual. Si no ha llenado un informe mensual dentro de 3 días, Ud. no recibirá cupones de alimento para el _____.

Ud. recibirá sus cupones de alimento si llena correctamente su informe mensual dentro de los próximos 3 días.

Ud. está recibiendo esta carta porque Ud. envió un informe mensual incompleto o no envió el informe mensual.

Esta acción se ha tomado según lo dispuesto el Código de Reglamentos del estado de Massachusetts 106 CMR 368.100, 368.200 y 368.220.

Para llenar su informe mensual, llame a la unidad central NPA en (1) (800)882-1223 inmediatamente.

Nombre del Trabajador en la
Unidad Central de NPA
43 Hawkins St. Boston, MA.

Notificación de desvío

FOOD STAMP PROCEDURAL MEMO # XXIIAUTOMATED ISSUANCE PROCEDURES FOR REPLACEMENT AND SUPPLEMENTARY ATPSI. INTRODUCTION

Authorized replacement and supplementary ATPs (Authorization to Participate) are issued on an automated basis instead of over-the-counter. Only in certain situations are ATPs to be issued over-the-counter. (See FSPM #V, Over-the-Counter ATP Issuance Procedures.)

Automated ATPs are machine-issued ATPs that are initiated by a two-digit V-code in the "Additional ATPs" section of the TD (Turnaround Document), Blocks 50-51A.

II. FOOD STAMP MANUAL REFERENCE

The policy related to this material is contained in 106 CMR: 364.900 and 366.120.

III. CENTRAL OFFICE RESPONSIBILITIES

A. Bureau of Computer Services (BCS)

1. Issuance of automated ATPs.

- . All automated ATPs generated by BCS will be mailed directly to recipient households (including those in the Divert System).

2. Generation of pre-printed TD (Turnaround Document) upon issuance of an ATP.

- . Transaction Message: TD Block 83 - "Automated ATP Issued".

3. Error message generated for unsuccessful transaction requests.

- . 36 - RECORD WITH INVALID ADJ CODE OR ADJ AMOUNT NOT >0 (use of invalid automated ATP code number, i.e., code number not recognized by system or valid code but no dollar amount entered).

4. Listing of automated ATP transactions on FSP-026 (ATP Daily Issuance Report).

B. Hotline

- . Any questions regarding automated ATP procedures should be referred to the Hotline (617-574-0402).

IV. LOCAL OFFICE RESPONSIBILITIES

- A. Compliance with guidelines to effect a timely identification and processing system to generate automated ATPs.
- B. Ensure that automated ATP requests via TD are key entered on a "priority basis" (secondary priority only to Fortin cases).
- C. Key entry of the FSP-14A at Westboro is not required.
 - . Automated ATPs are automatically accounted for by the system as they are initiated by and key entered off the TD.

NOTE: Continue to send the FSP-14B, Over-the-Counter ATP Request Form, to Westboro for key entry.

- D. Establish file to retain original FSP-14As attached to data entry copy of TDs. (Daily matching against the FSP-026 Daily Issuance Report will be done from this file.)
- E. Match, on a daily basis, the key entered TDs/FSP-14As against the FSP-026 Daily Issuance Report to ensure that the proper issuance (automated ATP) has been completed in a timely and accurate manner.

V. SUPERVISORY RESPONSIBILITIES

- A. Ensure that automated replacement and supplementary ATPs are issued in accordance with current policy standards and restrictions.
- B. Ensure that the dollar amount of the automated ATP has been correctly determined.
- C. Ensure that all required forms and documents have been properly completed (FSP-14A; FSP-9A/FSP-9B; TD).
- D. Ensure that either returned/recovered ATPs or stamps are "Voided" immediately and properly accounted for.
 - . Attach returned/recovered stamps to an additional copy of the FSP-14A that generated the replacement ATP, and send to:

Food Stamp Management
Department of Public Welfare
600 Washington Street
Finance Unit-4th Floor
Boston, MA 02111.

VI. WORKER RESPONSIBILITIES

- A. Determine if household request for automated ATP qualifies in accordance with current policy standards/restrictions in authorizing replacement and supplementary ATPs.



The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Welfare

NAME: _____

DATE: _____

ADDRESS: _____

CITY/ZIP: _____

Dear

Your Monthly Report indicated that you have a new household member. The Social Security number of the new member must be provided and verified before he/she participates in the Food Stamp Program. OR, If the new member does not have a Social Security number, you must verify that he/she has applied for a number before the new member participates. Please call the local Welfare Office, at the telephone number listed below, to find out how to verify the new household member's Social Security number or how to apply for a Social Security number for the new household member.

Under the provisions of the Food Stamp Act of 1977, as amended, you are required to give us the Social Security numbers for all household members. Social Security numbers are used in the administration of the Food Stamp Program to check the identity of household members, prevent duplicate participation, and assist in making mass changes. The numbers are also used in a computer matching system to compare the information you provide to the Department with information in computer files of banking institutions, State agencies, and Federal agencies.

During the computer matching process all possible precautions shall be taken to ensure the privacy rights of all household members.

If any information you provide is found to be inaccurate, you may be denied food stamps and/or be subject to administrative, civil, or criminal action.

Local Office Address

Local Office Telephone Number

Worker

- B. Determine if the reason for a replacement or supplementary ATP is appropriate for automated issuance and is within system capability.
1. ATPs are not to be issued on an automated basis in the following situations. These situations require an Over-the-Counter ATP to be issued.
 - a. Households entitled to receive expedited service.
 - b. Replacements for previously authorized OTC-ATPs that were originally issued under expedited circumstances (\$150 gross income or destitute (migrant)).
 - c. Replacements for system-generated ATPs issued to households certified at maximum coupon allotment.
 - d. Replacements that cannot be issued on an automated basis PRIOR to the 25th day of the month.
 - e. Replacements for the second reported nonreceipt of an ATP in six months (future ATPs are subject to the Diversion System).
 - f. Timely recertification ATPs when it would be impossible for a system-generated ATP to be received by the household by its normal issuance date.
 - g. Lost benefits owed to a closed case.
 2. Except for the situations specified above, the following ATPs are issued on an automated basis.
 - a. ATPs stolen after receipt.
 - b. ATPs lost or stolen in the mail prior to receipt.
 - c. ATPs mutilated, improperly manufactured or not transacted by the end of the calendar month.
 - d. ATP/Stamps/Food destroyed in a natural disaster.
 - e. Supplementary ATPs when the entitlement to increased benefits has been identified in the current month. (Benefits owed for a prior month must be issued as lost benefits. See FSPM #VII, Restoration and Offsetting of Lost Benefits.)
- C. Check FSP-026, ATP Issuance Reports to:
1. Ensure that a system-generated ATP was issued to the recipient household;
 - . If an ATP was issued and not received by the household, wait three days beyond the issuance date to allow for mail delay before issuing the automated replacement ATP.

2. Establish dollar amount of previous system-generated ATP; and
 3. Determine dollar amount of automated ATP to be issued.
- D. Complete all necessary documents.
1. FSP-9A/FSP-9B, if required;
 2. FSP-14A; and
 3. TD (Turnaround Document)
 - a. Use pre-printed TD, if available.
 - b. System will generate a pre-printed TD after issuance of automated ATP.
 4. See Section VII, FORMS INSTRUCTIONS.
- E. Obtain supervisory signature on FSP-14A and establish recipient household on diversion system, if required.
- . If the request for a replacement is the household's second request for a replacement in six months due to nondelivery, the household must be placed on the ATP Diversion delivery system. (See FSPM #X, ATP Diversion System.)
- F. Submit original of FSP-14A, attached to data entry unit copy of TD, to data entry unit for key entry and file retention.

VII. FORMS INSTRUCTIONS

A. FSP-14A (Automated ATP Request Form)

1. Complete all sections.

NOTE: The date the eligibility worker and supervisor sign the FSP-14A must be clearly entered in the boxes provided.

2. Distribute

- . The original to the data entry unit for key entry reference and file retention along with the data entry copy of the TD generating the automated ATP.
- . Copy to case record along with the control copy of the TD generating the automated ATP.

B. Turnaround Document (TD)

1. Block 50 - circle "V"
2. Block 51 - enter two-digit code from FSP-14A.
3. Block 51A - enter dollar amount of automated ATP to be issued.
4. Data entry copy to data entry unit (attached to original FSP-14A) for key entry and file retention.
5. Control copy to case record (attached to copy of FSP-14A).

C. FSP-9A/FSP-9B (Statement of Loss/Request for a Replacement ATP)

1. Complete all applicable sections.
 - a. Either recipient completes or worker completes in the presence of the recipient.
 - b. If the worker completes the form, the worker must read the form to the recipient while completing it, make certain that the recipient acknowledges the accuracy of the completed form, and ensure that the recipient signs the form.

NOTE: Disaster confirmation section on FSP-9B must be completed by worker.

2. If establishing the recipient household on the ATP Diversion delivery system is required, explain to the recipient what this means.
3. Document, on the form and in the case record, any additional information that further explains the circumstances surrounding the loss or theft.
4. Explain statement of household liability (on bottom of form) and witness recipient's signature.
5. Distribute
 - . Original to case record.
 - . Copy to recipient.

VIII. STATISTICAL REQUIREMENTS

None are required.

Food Stamps Procedural Memo # XXIII

Assigning Certification Periods

Introduction

Households are assigned certification periods based on the characteristics of the household. The household's source of income and composition, and the potential for error due to unreported changes are taken into account when assigning certification periods.

Acceptable
Lengths of
Certification

The following chart outlines the length of certification that should be assigned to a household depending on the household situation. Most households should be assigned a certification period of 3 months.

If the characteristic of the household is...	THEN the certification period should be...
<ul style="list-style-type: none"> . application for UC benefits is pending . frequent and significant changes in income or household circumstances . future circumstances can not be reasonably predicted . recent loss of employment by the primary wage earner 	<ul style="list-style-type: none"> . 1 or 2 months . 1 or 2 months . 1 or 2 months . 1 or 2 months
<ul style="list-style-type: none"> . UC benefits are the primary source of income . unstable income from earnings or unstable household composition . unearned income (other than UC) is the primary source of income and the household does not consist entirely of elderly or disabled persons . stable income from earnings or stable household composition 	<ul style="list-style-type: none"> . 3 months . 3 months . 3 to 6 months . 3 to 6 months

(Continued on next page)

Acceptable
Length of
Certification
(continued)

<ul style="list-style-type: none"> . self employment or farm employment is the primary source of income . household consists entirely on elderly/disabled person(s) with stable income: SSI, RSDI, disability pension <u>AND</u> another source of income . household consists entirely of elderly/disabled persons and the only source of income is SSI, RSDI, or a disability pension 	<ul style="list-style-type: none"> . 6 to 12 months depending on stability of income . 6 to 12 months . 12 months
<ul style="list-style-type: none"> . household is subject to NPA-MRRB . household is a PA household 	<ul style="list-style-type: none"> . 6 months . 12 months

Manual Citation

364.700, 364.710, 364.720, 364.730

FOOD STAMP PROCEDURAL MEMO #XXIV

CERTAIN RECOUPED MONIES COUNTED AS INCOME

Introduction

Monies being recouped to repay an overpayment caused by a household's intentional failure to comply with the requirements of another Federal or state needs-based welfare program, such as AFDC, RRP, or GR, are counted as unearned income to the household when determining the household's food stamp eligibility and benefit level.

A needs-based welfare program is one in which eligibility is determined by meeting certain income and resource criteria.

Monies being recouped are monies that are deducted from the household's AFDC, RRP, or GR assistance grant.

At the present time this policy will not apply to SSI cases as there is no way to determine whether the recoupment is for "intentional" noncompliance.

Purpose

The purpose of this procedural memo is to ensure that food stamp benefits do not increase as a result of a reduction in a household's AFDC, RRP, or GR benefits due to intentional noncompliance with the requirements of these programs.

When are
recouped
monies counted
as income?

Monies withheld from or returned to a public assistance program are considered countable unearned income when all of the following conditions apply:

- the monies are voluntarily or involuntarily withheld from or returned to the income source to repay a prior overpayment that was caused by the household intentionally failing to comply with the requirements of the assistance program;

NOTE: An intentional failure is the result of misrepresentation or willful withholding of information by the household.

- the overpayment is not considered excluded income as stated in 106 CMR 363.230; and
- a Bureau of Special Investigation (BSI) Referral response (BSI-30) has been received indicating the overpayment was caused by misrepresentation or the willful withholding of information.

EXAMPLES

- An AFDC grant was/will be decreased from \$396 to \$376 per month for recoupment due to intentional noncompliance with an AFDC requirement.

The food stamp benefits must be based on the \$396 amount.

- An AFDC household receives a full grant of \$396 per month and repays \$10 directly to the Department for an intentional noncompliance with an AFDC requirement.

The food stamp benefits must be based on the \$396 amount. The \$10 repayment amount may not be treated as excluded income.

- An AFDC grant was/will be decreased from \$396 to \$381 per month for recoupment to repay monies received pending a fair hearing decision.

The food stamp benefits must be based on the \$381 amount because the recoupment was not caused by intentional noncompliance.

When to apply
this procedure

This procedure must be applied:

- at initial certification;
- at recertification of NPA or PA Food Stamps when there is a current deduction from the PA grant for recoupment. The type of recoupment must be reviewed to identify "intentional noncompliance"; and
- when a PA grant will be decreased due to recoupment for intentional noncompliance.

Recoupment chart

The recoupment chart provides the following information for each category and type of recoupment (new or ongoing).

- The designation of responsibility for the task.
- The appropriate document (MRW or TD) to be completed.
- The effect of recoupment on the PA grant.
- The effect of recoupment on the food stamp benefit level.
- The proper notification to be sent to the household and how it is to be generated.

Recoupment
is
beginning

Category is...	Worker respon- sible is...	Complete	PA grant will ...	FS benefit level will...	Notice System(S) or Manually (M) generated
0/2	PA	MRW	decrease	not change	S (grant only)
4	PA	TD	decrease	not change	M (NFL #10) (grant only)
9	PA	TD (GR) MRW (AFDC/ RRP)	decrease	not change	M (NFL#10-GR) S (AFDC/RRP) (grant only)

Recoupment
currently
in progress

0/2	PA	MRW	not change	decrease	S (FS only)
4	PA	TD	not change	decrease	M (FSNL-5)* (FS only)
9	NPA**	TD	not change	decrease	M (FSNL-5)* (FS only)

* If at recertification, use FSNL-1.

** At redetermination, the PA worker must notify the NPA worker of a case with recoupment for intentional noncompliance.

Completion
of the TD
or MRW

The worker must follow the instructions in the appropriate section of the Systems Manual to properly complete the MRW or TD to adjust the PA grant when monies are to be recouped.

Block 23 on the MRW and Block 43 on the TD must always have the recoupment amount entered that is being deducted to repay the overpayment that was caused by intentional noncompliance. This recoupment amount must be combined with any other countable unearned income and entered in the respective blocks.

Policy manual
citation

106 CMR 363.220(C)(4)

ACME
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SEP 28 1993

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